Case: 4:17-cy-02455-CDP Doc. #: 126-10 Filed: 03/29/19 Page: 1 of 34 Page P #: 1615 EMPLOYEE INJURY REPORT

CHECKLIST:			Outlook Messag	no propared	l at time	of injury
BarnesCare (4:30 p.m. –	on-duty physician <u>immediately</u> contacted by telep 8:00 a.m.)	hone	and forwarded to Director, Human	o Benefits	Office at	nd the
COMPLAINT NU	IMBER (WITH POLICE INCIDENT REPORT)			# 17-0	45653	
INJURY NUMBE	R ASSIGNED BY COMMAND POST (WITH OR WITH	IOUT A POLICE		# 1709	00214	
NAME OF INJURED EN	PLOYEE		→	ASSIGN.	DSN 11372	Employee Refused Treatment
INJURED EMPLOYEES	'DISTRICT/DIVISION ADDRESS AND TELEPHONE NO.					YES NO
North Patrol Di	vision, District 6, 4014 N. Union Blvd, St. I	ouis, MO (314	1)444-0001			
DATE OF INJURY	PLACE OF INJURY (NO. STREET, CITY, STATE)		TIME OF INJURY	WAS EMPLOY EXCUSED FR DUTY? (IF YE	ОМ	TIME EMPLOYEE BEGAN WORK ON DATE OF INJURY
9/15/17	On West Minster, east of Kingshighway		10:30 P.M.	No	I	09:00
HOW DID INJURY OCC allow four lines of text.	UR? DESCRIBE FULLY (ATTACH CONTINUATION SHEET IF	NEEDED) Only				YES NO
Holding a line			Seat Belts Used Vest Worn? Other Safety Ed Specify Type:	ıuip. Used?		
WHAT WAS EMPLOYE	E DOING WHEN INJURED?		opecity Type.	Iteimet ga	isinask, s	atti paus
Officer	was working the Verdict Detail when a	subject threw	a brick stricki	ng her in	the left	side of
her face and hea	IC. R SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE	 				
Brick						
DESCRIBE THE INJUR	Y OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE	BODY AFFECTED				
Dislocated jaw	TO THE TAKE OF THE TAKE OF THE	BODT ALTECTED				
	MEMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT	DISABILITY? IF SO, E	XPLAIN			
No						
NAME DF WITNESS, (A	SSIGNMENT, DSN – IF APPLICABLE)	HOME AD	DRESS AND PHONE	NUMBER		
Anthony Caruse	o, 6743/306		. Union Blvd			
DOES WITNESS CONC	UR WITH THE INJURED EMPLOYEES STATEMENT? (IF NO	St. Lou		MENT ICHE	EDED)	1400
YES 🛛	NO NO	, OOL CONTINUATION	VOILETT ON STATE		_0_0,	
	OF ATTENDING PHYSICIAN		ADDRESS OF HOS			
Doctor Zachary	T. Hafez	l l	Jewish Hospit nes Jewish Plaz			
NAME OF SUPERVISO	R COMPLETING REPORT	#1 Dari	ies Jewish Plaz	ca		
Anthony Carus		RANK	Sergeant		DSN	6743
WORK RELATED	NOT WORK RELATED	ASSIGN.	306		DATE	09/16/17
		O MAN AND TO ST	CONTRACTIONS		DC:-	
<u> </u>		COMMANDER'S S	GNATURE		DSN	/DATE

Case: 4:17METROPOLIFANDOLICEDETARIEMENTO-CUTY OF ST JUNISING # 151 FUIL

CHECKLIST:									
BamesCar	e on-duty ph 4:30 p.m. –	ysician <u>immediat</u> 3:00 a.m.)	elv contacted by	\boxtimes	Outlook Messag and forwarded to Director, Human	o Benefit	s Office an	of injury d the	_
COMPLAINT NU	IMBER (W)	TH POLICE INCID	ENT REPORT)			# 17~	45589		
INJURY NUMBE	ER ASSIGNE)	D BY COMMAND	POST (WITH OR WITH	OUT A POLICE		# 170	900215		- '
NAME OF INJURED EN	(PLOYEE			,		assign. 301	DSN 11262	Emplo Refu Treati	sed
INJURED EMPLOYEES	OSTRICT/DI	VISION ADDRESS A	ND TELEPHONE NO.					YES	NO
3157 Sublette S	t. Louis M	O 63139 444-0	100						Ø
——DATE-OF INJURY	-		ACE OF INJURY REET, CITY, STATE)		TIME OF INJURY	WAS EMPL EXCUSED S DUTY7 (IF)	ROM	TIM EMPLO BEGAN ON DAT INJU	YEE WORK I'E DF
09/15/17	1200 CI	ark St. Louis N	1O 63103		4:00 P.M.		700 on 6/17	09	00
HOW DID INJURY OCC	CUR?_DESCR	BE EULLY (ATTACH	CONTINUATION SHEET IF	NEEDED)_Only				YES-	_NO
		s, a suspect the	rew a chunk of contelmet.	crete (or	Seat Belts Used Vest Worn? Other Safety Ed		d?		
					Specify Type:	edt equi	puient, hel	met	
WHAT WAS EMPLOYE Working as a n			n a protest detail	,					
1	· · · · · · · · · · · · · · · · · · ·		INJURED THE EMPLOYEE			-			
Chunk of conci				,					
DESCRIBE THE INJUI	RY OR ILLNES	s in detail and int dizziness and	DICATE THE PART OF THE headache after bei	BODYAFFECTED. ng strnck on h	er helmet by a	rock, dia	agnosed v	vith a	
concussion	NACTO EDITOR	Y DISEIGUSEMENT	OR OTHER PERMANENT	DICARII ITYZ IF SO (TYPI AIN				
No No	MEMBERMEN	1, DISPIGUREMENT	OR OTHER FERWAREN	Digraffit it it av.	EAT EATH.				
NAME OF WITNESS, PO Kanisha Co			BLE)		DRESS AND PHONE 1 blette 444-010				
			THE STATE OF SERVICE AND ALL	LICE CONTINUATIO	N CHEET FOR STAT	EMENT IF	NEEDED)		
YES X	NO NO	IE INJURED EMPLOY	EES STATEMENT? (IF NO	, use continuatio	M SREET FOR STATE	LINCIN' II	.,		
NAME AND ADDRESS	, , , , , , , , , , , , , , , , , , ,	NG PHYSICIAN			DADDRESS OF HOS	PITAL			
Dr. Stephen Li					Hospital	mital Wi	370		
#1 Barnes Jew	ish Hospit	al Plaza	<u>-</u>	#1 Bar	nes Jewish Hos	Dirat L 13	164		
Sgt. Robert La		ING AEFON			01			E10	1
pRr Wonerr Da	TITING! (RANK	Sergeant		_	548	
WORK RELATED			NOT WORK RELATED	ASSIGN	301		DATE	9/10	5/17_
				•			8041		DATE
			<u></u>	COMMANDER'S	SIGNATURE		DSN		DATE
MPD FORM HUMAN RE	S-70 (R-10) 1/08								

Case: 4:17-cm2455 CDP TAN POLICE DEPARTMENT - CITY OF ST. LOUIS SEP 2 1 2017.

CHECKLIST:									
BarnesCare (4:30 p.m	on-duty physician j -8:00 a.m.)	mmediately contacted by tel	lephone	\boxtimes	Outlook Messag and forwarded t Director, Human	o Benefit	s Office a	of injur nd the	¥
COMPLAINT NU	IMBER WITH POL	CE INCIDENT REPORT)				# 17-	045589		
INJURY NUMBE		OMMAND POST (WITH OR W	<u>ITHOUT</u> A POL	ICE	→	# 17-	900216		
NAME OF INJURED EN	APLOYEE					assign.	DSN 3944	Emplo Refu: Treatr	sed
INJURED EMPLOYEES	DISTRICT/DIVISION A	DDRESS AND TELEPHONE NO.			<u></u>			YES	NO
4th District Bike								\square	\neg
215 N. 9th St St	louis Mo 63101	314-436-9645				T		TIM	╒╌┤
DATE OF INJURY		PLACE OF INJURY (ND STREET, CITY, STATE)			TIME OF INJURY	WAS EMPL EXCUSED DUTY7 (IF	FROM	EMPLO BEGAN V ON DAT	YEE WORK E OF
09/15/17	1200 Clark St.				A.M.				
!	St. Louis MO	3101		!	17:05 P.M.	I.	10	8:0	ן עו
HOW DID INJURY OCC	UR? DESCRIBE FULL	(ATTACH CONTINUATION SHEE	TIF NEEDED) C	nty				YES	NO
	entenant was pu	iched in the face and sci	raped left le	g	Seat Belts Use	42			1521
			•	•	Vest Worn?	u:		\boxtimes	
:					Other Safety Ed		d?	\boxtimes	
					Specify Type:	helmet			
	E DOING WHEN INJUR	E07 1ring civil unrest							i
parterparing to									
NAME THE OBJECT OF SUSPECTS fist	R SUBSTANCE WHICH	DIRECTLY INJURED THE EMPLO	YEE.						
	RY OR ILLNESS IN DETA me in face, scrap	NIL AND INDICATE THE PART OF T	THE BODY AFFE	CTED					
WAS THERE ANY DIS	MEMBERMENT, DISEIG	UREMENT, OR OTHER PERMANE	NT DISABILITY?	IF SO, E	XPLAIN				
no									ļ
	to constitution of the	**************************************		JONE VL	DRESS AND PHONE	NUMBER	+		
Sgt. Karnowski	(assignment, den – 1 i, DSN 6887	- APPLICABLE)		TOMIC AL	DIACOU PRIO I TIONE				
	CUR WITH THE INJURE	DEMPLOYEES STATEMENT? (IF	ND USE CONT	INUATIO	N SHEET FOR STATE	EMENT, IF I	NEEDED)		
YES 🛛	NO L			HARE AN	ID ADDRESS OF HO	SPITAL			
name and address	OF ATTENDING PHYS	ICIAN		AVAILE VA	D ADDITECT OF 110	<u> </u>		_	
							 		
NAME OF SUPERVIS	OR COMPLETING REPO	DRT							
Matt Karnows	ki			RANK	Sgt.		_ DSN	6887	<u> </u>
				ASSIGN	304		na⊤⊨	09/1	5/17
WORK RELATED		NOT WORK RELATED		NOIGGN					
RELATED	<u>_</u>	C NEDVIEW			<u> </u>		1380	al.	/
			_ <u>/U</u>	use	Krumas	<u>~ </u>	DSN	1/24	DATE
1			COMMAN	IDER'S	ŚIĠNATURE		DSN		DVIE

Case: 4:17-qmetatopolitanopolitae depatermentolio de spisope e pigope de #: 261 2017, employee injury report

CHECKLIST:						
BarnesCare (4:30 p.m. –	on-duty physician <u>immediately</u> contacted by telephone 8:00 a.m.)	\boxtimes	Outlook Messag and forwarded to Director, Huma	to Benefits Offic		
COMPLAINT NU	IMBER (WITH POLICE INCIDENT REPORT)			# 17-0455	89	
INJURY NUMBE	ER ASSIGNED BY COMMAND POST (WITH OR WITHOUT A	POLICE		# 17-9002	17	
NAME OF INJURED EM	<u>1PLO</u> YEE			ASSIGN. DSI 304 279	Refe	loyee used tment
INJURED EMPLOYEES	DISTRICT/DIVISION ADDRESS AND TELEPHONE NO	-		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	YES	NO
4th District Bike					· · · · · · · · · · · · · · · · · · ·	
215 N. 9th St St 1	ouis Mo 63 10 1 314-436-9645					}
DATE OF INJURY	PLACE OF INJURY (NO STREET, CITY, STATE)		TIME OF INJURY	WAS EMPLOYEE EXCUSED FROM DUTY? (IF YES,TIME	BEGAN E) ON DA	ME OYEE WORK TE OF JRY
09/15/17	1200 Clark St.		A.M.			
	St. Louis MO 63101		17:05 P.M.	no	6:	00
HOW DID INJURY OCC	CUR? DESCRIBE FULLY (ATTACH CONTINUATION SHEET IF NEEDEL	O) Only	7.33			
allow four lines of text			-		YES	NO
Civil unrest, Sei	rgeant was assaulted by unknown suspect		Seat Belts Use	d?		X -
			Vest Worn?			
			Other Safety Ed	• •	\boxtimes	Ц
WHAT WAS EMPLOYE	E DOING WHEN INJURED?		Specify Type:	helmet		
parteipating in	crowd control during civil unrest					
NAME THE OBJECT OF police bicycle	R SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE					
DESCRIBE THE INJUR	Y OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY A	FFECTED			•	
unknown suspe	ct pushed police bicycle into					
WAS THERE ANY DISK	MEMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILI	TY2 IF SO 6	TYPI AIN	· <u>· · · · · · · · · · · · · · · · · · </u>		
no	The state of the s					
			· · · · · · · · · · · · · · · · · · ·			
NAME OF WITNESS, (/ Sgt. Karnowski,	ASSIGNMENT, DSN – IF APPLICABLE) DSN 6887	HDMEA	DDRESS AND PHONE	NUMBER		
ogt. Kathowski) DD14 0007					
	OUR WITH THE INJURED EMPLOYEES STATEMENT? (IF ND, USE CO	NTINUATIO	N SHEET FOR STATE	MENT, IF NEEDED)	
YES 🔯	NO L	T				
	OF ATTENDING PHYSICIAN	NAME A	ND ADDRESS OF HOS	SPITAL	, ,	
na						
NAME OF SUPERVISO	R COMPLETING REPORT	<u> </u>			_	
Matt Karnowsk	i	RANK	Sgt.	D	sn _6887	<u></u>
		ASSIGN	304	רם	TE 09/1	5/17
WORK RELATED	NOT WORK RELATED	, accidit	_ 			
111111111111111111111111111111111111111		/	01	20		7,
		ence ,	uisman			3/ <i>1</i> 7
	CÓMM	ANDER'S	SIGNATURE	D. D.	SN '	DATE

Case: 4:17-cwp245566ErTAN POLICE DEPARTMENT 19CrF396;59f. 340Fage 16: 26192017 EMPLOYEE INJURY REPORT

CHECKLIST:			Outlands Man		- al al 41	m d leabers		
BarnesCare (4:30 p.m. –	on-duty physician <u>immediately</u> contacted by telephone 8:00 a.m.)	\boxtimes	Outlook Messag and forwarded t Director, Huma	o Benefit	s Office a			
COMPLAINT N	IMBER (WITH POLICE INCIDENT REPORT)		>	# 17-	045589			
INJURY NUMBE	R assigned by command post (with or without a po	LICE	→	# 17-	900218			
NAME OF INJURED EN	PLOYEE			ASSIGN.	DSN 6573	Emplo Refu Treati	sed	
	DISTRICT/DIVISION ADDRESS AND TELEPHONE NO.					YES	NO	
2 nd District 3157 Sublette, S	t Louis Mo 63139 314-444-0100					\boxtimes		
						TIN EMPLO BEGAN ON DA' INJU	OYEE WORK TE OF	
09/15/17	1200 Clark St. St. Louis MO 63101		17:05 P.M.	n	.0	6:00		
HOW DID INJURY DCC	CUR? DESCRIBE FULLY (ATTACH CONTINUATION SHEET IF NEEDED)	Only				YES	NO	
Civil unrest, Sergeant injured his left thumb Seat Belts Used? Vest Worn? Other Safety Equip. Used?								
WHAT WAS EMPLOYE	E DOING WHEN INJURED?		Specify Type:	helmet				
	crowd control during civil unrest							
NAME THE OBJECT OF UNKNOWN	R SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE.							
	y or illness in detail and indicate the part of the body affi humb was injured, but it was injured during crowd		ol measures rel	ative to	civil disc	bedie	nce.	
WAS THERE ANY DIST	MEMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILITY	? IF \$0, E	XPLAIN.					
NAME OF WITNESS, (A	100101111111111111111111111111111111111	HDME AD	DRESS AND PHONE	NUMBER		-		
DOES WITNESS CONC	CUR WITH THE INJURED EMPLOYEES STATEMENT? (IF NO, USE CONT	INUATION	SHEET FOR STATE	MENT, IF N	EEDED)			
	OF ATTENDING PHYSICIAN	NAME AN	D ADDRESS OF HDS	PITAL				
na								
	R COMPLETING REPORT							
Matt Karnowsk		RANK	Sgt.		DSN	6887		
WORK RELATED	NOT WORK RELATED	ASSIGN.	304		_ DATE	09/1	5/17	
	Ken	40 Z	Sumar	2815	3/20/1	 フ		
	- 1		IGNATURE		DSN	1	DATE	

Case: 4:17-9ME7485PORTANP &LICE BEPÄRFMENT LET POF & P. 20 BUSEP #21622017. EMPLOYEE INJURY REPORT

CHECKLIST:							
BarnesCare (4:30 p.m	on-duty physician <u>immediately</u> contacted by telephone 8.00 a.m.)	\boxtimes	Outlook Messag and forwarded t Director, Human	o Benefit	s Office a	<u>of injur</u> nd the	£
COMPLAINT NU	IMBER (WITH POLICE INCIDENT REPORT)		>	# 17-	045589		
INJURY NUMBE	FR ASSIGNED BY COMMAND POST (WITH OR WITHOUT A I	POLICE	→	# 17-	900219		
NAME OF INJURED EN	PLOYEE			ASSIGN 302	DSN 8164	Emple Refu Treati	sed
INJURED EMPLOYEES	DISTRICT/DIVISION ADDRESS AND TELEPHONE NO					YES	NO
2 nd District						\boxtimes	
3157 Sublette, S	t Louis Mo 63139 314-444-0100		T	1		TIN	
DATE OF INJURY	PLACE DF INJURY (NO STREET, CITY, STATE)		TIME DF INJURY	WAS EMPLO EXCUSEO F DUTY? (IF Y	ROM	EMPLO BEGAN ON DA INJU	WORK TF OF
09/15/17	1200 Clark St. St. Louis MO 63101		A.M.	n	0	09:	00
	LUR? DESCRIBE FULLY (ATTACH CONTINUATION SHEET IF NEEDEL	O) Only				YES	NO
allow four lines of text. Civil unrest, Of	ficer was exposed to chemical pepper spray to fac	e	Seat Belts Used	1?			\boxtimes
			Vest Worn? Other Safety Ed Specify Type.	uip. Used	?	\boxtimes	
	E DOING WHEN INJURED? crowd control during civil unrest		Op-0				
NAME THE DBJECT O chemical spray	R SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE.						
	Y OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY A crowd control measures during civil unrest, Offi		exposed to che	mical spi	ray that	was us	ed
to help disperse					<u> </u>		_
no							
NAME OF WITNESS, (Sgt. Karnowski	ASSIGNMENT, DSN – IF APPLICABLE) , DSN 6887	HOME AD	DRESS AND PHONE	NUMBER	-		
DDES WITNESS CON	CUR WITH THE INJURED EMPLOYEES STATEMENT? (IF NO, USE CO	NTINUATIC	N SHEET FOR STATE	EMENT, IF N	EEDED)		
	OF ATTENDING PHYSICIAN	NAME AN	D ADDRESS OF HOS	PITAL			
na							
NAME OF SUPERVISO	OR COMPLETING REPORT			<u> </u>			
Matt Karnowsi	ci	RANK	Sgt.		DSN	_68 <u>87</u>	
WORK RELATED	NOT WORK RELATED	ASSIGN.	304		_ DATE	09/1	5/17
KA WELVIED		4 4	P.		285	9/-	, דיו/ג
	COMM	ANDER'S	SIGNATURE		DSN	- / -	DATE

Case: 4:17-METROPOETAN POLICE DEPARTMENT 9/11 POSE ST. LOUIS SEP 2 1 2017 EMPLOYEE INJURY REPORT

CHECKLIST:							
	e on-duty physician <u>immediately</u> contacted by tele	phone	Outlook Messa and forwarded Director, Huma	to Benefit:	s Office a		¥
COMPLAINT N	UMBER (WITH POLICE INCIDENT REPORT)			# 17-	045589		
INJURY NUMBI	ER ASSIGNED BY COMMAND POST (WITH OR WITH	HOUT A POLICE		# 17-	900220		
NAME OF INJURED E	MPLOYEE		→	ASSIGN.	DSN 8191	Empl Refu Treat	
	S' DISTRICT/DIVISION ADDRESS AND TELEPHONE NO.					YES	NO
6 th District 4014 Union, St.	Louis Mo 63115					\boxtimes	
DATE OF INJURY	PLACE OF INJURY (NO STREET, CITY, STATE)		TIME DF INJURY	WAS EMPLO EXCUSED F DUTY? (IF)	ROM	TIN EMPLO BEGAN ON DA INJU	OYEE WORK TE OF
09/15/17	1200 Clark St.		A.M.	n	10	09:	.00
	St. Louis MO 63101		17:05 P.M.			09.	
HOW DID INJURY DC allow four lines of text.	CUR? DESCRIBE FULLY (ATTACH CONTINUATION SHEET I	F NEEDED) Only				YES	NO
Civil unrest, O	fficer was exposed to chemical pepper spra	y to face	Seat Belts Use Vest Wom? Other Safety E Specify Type:		1?		
	Crowd Control during civil unrest OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYE	E.			·-		
participating in to help disperse	RY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE COUNTY OF THE COUNTY OF THE COUNTY OF THE PART OF THE COUNTY OF THE PART	est, Officer was		emical spi	ray that	was us	sed
no	WIEMBERMENT, DISFIGUREMENT, OR OTHER PERIMANENT	I DIGABILITY IF 30, I	EAFLAIN.				
NAME OF WITNESS, Sgt. Karnowsk	(ASSIGNMENT, DSN – IF APPLICABLE)	HOME AD	DRESS AND PHONE	NUMBER			
DDES WITNESS CON	CUR WITH THE INJURED EMPLOYEES STATEMENT? (IF NO	O, USE CONTINUATIO	ON SHEET FOR STAT	TEMENT, IF N	(EEDED)		
	B OF ATTENDING PHYSICIAN	NAME AN	ID ADDRESS OF HO	SPITAL	_		
na							
NAME OF SUPERVIS	OR COMPLETING REPORT		-				
Matt Karnows	ki	RANK	Sgt.		_ DSN	6887	<u>'</u>
WORK RELATED	NOT WORK RELATED	ASSIGN.	304		_ DATE	09/1	<u>5/17</u>
		COMMANDER'S	SIGNATI IDE		DSN		DATE
L		COMMUNICACIÓN S	OIOIMAI OIME			$\overline{}$	

Case: 4:17-cvm2455060LitAn Police Defart Ment 120 Cray of St. 24 Bage Dog Ploy 2017. EMPLOYEE INJURY REPORT

CHECKLIST:							
BarnesCare (4:30 p.m	on-duty physician <u>immediately</u> contacted by telles:00 a.m.)	ephone 🔀	Outlook Messag and forwarded t Director, Human	o Benefits	Office a	of injur	Υ
COMPLAINT NO	IMBER (WITH POLICE INCIDENT REPORT)		→	# 17-0	045589		
INJURY NUMBE	R ASSIGNED BY COMMAND POST (WITH OR WI	THOUT A POLICE	→	# 17-9	900220		
NAME OF INJURED EN	MPŁOYEE			ASSIGN.	DSN 8191	Empl Refu Treat	ised
l .	DISTRICT/DIVISION ADDRESS AND TELEPHONE NO			<u> </u>		YES	NO
6 th District	Y NA - (2415					\boxtimes	
4014 Union, St.	Louis Mo 63115		1	<u> </u>		TIN	
DATE OF INJURY	PLACE OF INJURY (NO STREET, CITY, STATE)		TIME OF INJURY	WAS EMPLO EXCUSED FI DUTY7 (IF Y	ROM	EMPLO BEGAN ON DA INJU	WORK TE OF
09/15/17	1200 Clark St.		A.M.	no)	09:	ብበ
	St. Louis MO 63101		17:05 PM.			09.	
HOW DID INJURY OCC allow four lines of text.	CUR? DESCRIBE FULLY (ATTACH CONTINUATION SHEET	IF NEEDED) Only		·		YES	NO
Civil unrest, Of	ficer was exposed to chemical pepper spr	ay to face	Seat Belts Used	ታ?			\boxtimes
			Vest Worn?		^	\boxtimes	
			Other Safety Ed Specify Type:	luip. Usea helmet	<i>:</i>		لسا
	E DOING WHEN INJURED?	<u></u>					
parteipating in	crowd control during civil unrest						
	R SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOY	EE.					
chemical spray							
	Y DR ILLNESS IN DETAIL AND INDICATE THE PART OF T				4h-4		
to help disperse	crowd control measures during civil unr	est, Unicer was	exposed to chei	micai spr	ay tuat	was us	iea
WAS THERE ANY DISP	MEMBERMENT, DISFIGUREMENT, OR OTHER PERMANEN	IT DISABILITY? IF SO, E	EXPLAIN.				
no							
	ASSIGNMENT, DSN – IF APPLICABLE)	HOME AD	DRESS AND PHONE	NUMBER			
Sgt. Karnowski	, DSN 6887						
DOES WITNESS CONC	CUR WITH THE INJURED EMPLOYEES STATEMENT? (IF N	NO. USE CONTINUATIO	N SHEET FOR STATE	EMENT, IF NE	EDED)		
	OF ATTENDING PHYSICIAN	NAME AN	D ADDRESS OF HOS	PITAL			
na							•
NAME OF SUPERVISO	R COMPLETING REPORT						
Matt Karnowsl	ii	RANK	Sgt.		DSN	6887	
WORK RELATED	NOT WORK RELATED	A\$SIGN.	304		DATE	09/1	5/17
		- P	,		2815	9/	70/1-
		COMMANDER'S S	IGNATURE		DSN	1/2	DATE

Case: 4:17-METROPOLITAN POLICE DEPARTMENT - CITY OF ST. LOUIS OF 7017 2017 EMPLOYEE INJURY REPORT

CHECKLIST:							
BarnesCar telephone	e on-duty physician <u>immediately</u> contacted by (4:30 p.m. – 8:00 a.m.)	\boxtimes	Outlook Messag and forwarded t Director, Human	o Benefi	s Office		
COMPLAINT NU	MBER (WITH POLICE INCIDENT REPORT)			# N/	4		
INJURY NUMBE	R ASSIGNED BY COMMAND POST (WITH OR WITHOUT A POLICE	E		# 170	900256	,	
NAME OF INJURED EM	PLOYEE			ASSIGN.	DSN 4738	Emple Refu Treat	sed
INJURED EMPLOYEES	DISTRICT/DIVISION ADDRESS AND TELEPHONE NO.				1	YES	NO
District 2, 3157 S	Sublette St. Louis, MO 63139 314-444-0100						
DATE OF INJURY	PLACE OF INJURY		-	WAS EMPL		TIM EMPLO	DYEE
DATE OF INJORY	(NO. STREET, CITY, STATE)		TIME OF INJURY	OUTY? (IF		BEGAN ON DA' INJU	TE OF
09/21/17	5850 Elizabeth Ave.		A.M	N	n	2.00	
	St. Louis, MO 63110		3:00 P.M.			2:00	рш
HOW DID INJURY OCCL allow four lines of text	R? DESCRIBE FULLY (ATTACH CONTINUATION SHEET IF NEEDED) Only	/				YES	NO
	nloading police equipment on 09/21 from a Tahoe and back. On 09/24 was unloading cases of	d	 Seat Belts Used	i ?			\boxtimes
li de la companya de	er back. On 09/24 was unloading cases of the control of the contro	n	Vest Wom? ☐ Other Safety Equip. Used? ☐				
10/02, she got up	from a chair when her duty belt caught on the chair		Specify Type:	10.p. 000		<u>.</u>	\boxtimes
	DOING WHEN INJURED? Tting heavy items during the first two incidents and t	he th	ird incident sh	e was att	temntin	a to et	and
from a seated po	sition when her duty belt was stuck on the hack of a	<u>chair</u>	causing lower	back pa	in.	g to 3t	иди.
B	SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE. CE Equipment, Ice Coolers, Chair						
DESCRIBE THE INJURY	OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECT	ED.					
	ed her lower back on three separate dates. 09/21/17,						
NO	EMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILITY? IF	SO, EX	PLAIN.	•			
	SSIGNMENT, DSN – IF APPLICABLE) HOME	ADDRE	ESS AND PHONE NUI	MBER			
	7226, Sgt. Joe Lankford 6564, 3157	Subl	lette Ave				
Sgt. Timothy Tu	R WITH THE INJURED EMPLOYEES STATEMENT? (IF NO, USE CONTINU	<u>ouis,</u>	MO 63139 SHEET FOR STATEN	MENT IF NE	EDED		
YES X	NO L		—————				
NAME AND ADDRESS D			DDRESS OF HOSPITA				
	l l		are 5000 Mano MO 63110	chester A	lve		
NAME OF SUPERVISOR	COMPLETING REPORT	.v4109	00110				-
Timothy Turner		NK	Seergeant		USN	4372	
WORK RELATED	NOT WORK ASS	SIGN.	_302	_	DATE	10/04	/ <u>17</u>
	COMMANDER	s sigi	NATURE		DSN		DATE

Case: 4:17-cv-02455-CDP Doc. #: 126-10 Filed: 03/29/19 Page: 10 of 34 Page|D #: METROPOLITAN POLICE DEPARTMENT – CITY OF ST. LOUIS \$\frac{1}{2} P \ \frac{1}{9} \ \frac{20}{1} P \ \frac{1}{2} P \ \frac{1}{2}

CHECKLIST:								ŀ
	e on-duty physician <u>imr</u> (4:30 p.m. – 8:00 a.m.)	mediately contacted by		Outlook Messag and forwarded t Director, Human	o Benefits	Office ar	of injury nd the	L
COMPLAINT NU	MBER (WITH POLICE)	NCIDENT REPORT)		→	# 17-0)45653		
INJURY NUMBE		AND POST (WITH OR WITH	OUT A POLICE	→	# 17-0	90022		
NAME OF INJURED EM	PLOYEE				ASSIGN. 302	DSN 11021	Emplo Refu: Treatr	sed
INJURED EMPLOYEES	DISTRICT/DIVISION ADDRE	ESS AND TELEPHONE NO.					YES	NO
3157 Sublette Av	ve., St. Louis MO 63	3139 314-444-0100						
DATE OF INJURY	00/15/15					OYEE ROM ES,TIME)	TIM EMPLO BEGAN ON DAT INJU	YEE WORK IE OF
09/15/17	Kingshighway/Wa	iterman		A.M.	Yes-	Ilnk	090	70
	10:17 P.M.			0,50	,0			
allow four lines of text.		TACH CONTINUATION SHEET IF			•		YES	NO
•	known gas was thro		et by an	Seat Belts Use	d?			\boxtimes
unknown demor		gas mask failed, giv was immediatle		Vest Wom? Other Safety E	auin llead	9	\boxtimes	
by the unknown	_	was in mediatic	y over weinied	Specify Type:				
WHAT WAS EMPLOYED	DOING WHEN INJURED?	<u> </u>						
was	on the front line of	the CDT line which wa	as pushing dem	onstrators eas	t toward	Euclid.		
NAME THE OBJECT OF A canister of of		CTLY INJURED THE EMPLOYEE	<u>.</u>					
DESCRIBE THE INJUR' Difficulty breatl		ND INDICATE THE PART OF THE	BODY AFFECTED.					
	CHOCOLOGY DISCIONES	VENT OR BELLEN PERMANENT	DICABILITYS IS CO.					<u>. </u>
No	MEMBERMENT, DISFIGURE	MENT, OR DTHER PERMANENT	DISABILITY IF SO, E	EXPLAIN.		·		
					<u> </u>			
NAME OF WITNESS, (A	assignment, dsn – if app a ll 6956/306	PLICABLE)		RESS AND PHONE N ion, St. Louis N		5 314-44	4-0001	
DOES WITNESS CONC	CUR WITH THE INJUREO EM	IPLOYEES STATEMENT? (IF NO	, USE CONTINUATIO	N SHEET FOR STAT	EMENT, IF N	EEDED)		
NAME AND ADDRESS	OF ATTENDING PHYSICIAN			ADDRESS OF HOSPI				
Dr. Ernesto Ro	mo		Barnes J	ewish Hospita	Į.			
NAME OF SUPERVISO	R COMPLETING REPORT							
Sgt. Charles Wa	all		RANK	Sergeant		DSN	6956	;
NORK		NOT WORK	ASSIGN.	306		DATE	09/1	7/17
RELATED		RELATED		1-00				
		(znti	4 m/c	(1	14 _	7/1	8/17
	<u> </u>		COMMANDER'S SI	GNATURE		DSN		DATE
MPD FORM HUMAN RES-	70 (R-10) 1/06						,	

Case: 4:17-cy-02455-CDP, Doc. #: 126-10, Filed: 03/29/19, Page: 11 of 34 Page P #: 5 2017 EMPLOYEE INJURY REPORT

CHECKLIST:								
BarnesCal telephone	re on-duty ph (4:30 p m –	ysician <u>immediately</u> contacted by 8:00 a.m)		Outlook Message forwarded to Ben Resources	prepared <u>at</u> efits Office a	tlme of in	<u>iury</u> and rector, H	uman
COMPLAINT N	UMBER (WI	TH POLICE INCIDENT REPORT)			# 17-0	45653		
INJURY NUMBI POLICE INCIDENT		D BY COMMAND POST (WITH OR W	<u>/ITHOUT</u> A		# 170	900222		
NAME OF INJURED E	MPLOYEE				ASSIGN 306	DSN 6437	Emplo Refu Treati	sed
INJURED EMPLOYEE	S' DISTRICT/DI\	/ISION ADDRESS AND TELEPHONE NO.					YES	NO
4014 N Union	_					<u></u>		\boxtimes
DATE OF INJURY		PLACE OF INJURY (NO STREET, CITY, STATE)		TIME OF INJURY	ŒE OM DUTY?	TIME EMP BEGAN ON DA' INJU	WORK TE OF	
09/15/17	Waterma	n & Kingshighway		10:17 A.M.	N	0	090	DO
HOW DID INJURY OC Only allow four lines of		BE FULLY (ATTACH CONTINUATION SHEE	T IF NEEDED)				YES	NO
		large piece of asphalt throw	n by a	Seat Belts Used? Vest Worn? Other Safety Equi	p. Used? Personal I	Protection 1	□ ⊠ ⊠ Eauin	
	T officers	N INJURED? on the front line. WHICH DIRECTLY INJURED THE EMPLO	YEE.					
DESCRIBE THE INJUI	RY OR ILLNESS shoulder, r	IN DETAIL AND INDICATE THE PART OF igh bicep and left knee. The sand by the impact of the blow	houlder and	bicep as a result			he knee	e as
WAS THERE ANY DIS	MEMBERMENT	DISFIGUREMENT, OR DTHER PERMANI gard to disability. Follow-up	ENT DISABILITY?	IF SO, EXPLAIN				
NAME OF WITNESS, PO Jermaine B		DSN – IF APPLICABLE) 306	HOME ADD 4014 N.	ress and phone num Union	/BER			
DOES WITNESS CON	ICUR WITH THE	INJURED EMPLOYEES STATEMENT? (IF	F NO, USE CONTI	NUATION SHEET FOR S	STATEMENT, I	F NEEDED)		
NAME AND ADDRESS			NAME AND	ADDRESS OF HOSPITA	AL T	TY	Di.	
		lewish Hospital Plaza	Barnes	Hospital #1 Barn	es Jewish	Hospitai	Plaza	
NAME OF SUPERVIS	<u> </u>	IG REPORT	\dashv	Ti			321 <i>1</i>	
			RANK	Lieutenant		-	3314	. =
WORK RELATED		NOT WORK RELATED	ASSIGN	306		DATE	9/22/1	17
		Co	OMMANDER'S S	GIGNATURE		DSN		DATE

Case: 4:171ETR24551GPRN POLITICE BEPARTIMEN POLITICE BEPARTIMEN PORT BERNALD B

CHECKLIST:				Outle of A4		٠٠٠ هــــ الد	ad tailer	
BarnesCare (4:30 p.m. –		diately contacted by telephor	ne 🖂	Outlook Messag and forwarded t Director, Human	o Benefits	office a	of injur	¥
COMPLAINT NU	IMBER (WITH POLICE IN	CIDENT REPORT)			# 17-	045653		
INJURY NUMBE		ND POST (WITH OR WITHOU	I <u>T</u> A POLICE		# 170	900222		
NAME OF INJURED EN	1PLDYEE			->_	assign 306	DSN 6437	Emple Refu Treat	sed
INJURED EMPLOYEES	DISTRICT/DIVISION ADDRES	S AND TELEPHONE NO					YES	NO
4014 N. Union 4	44-0001							\boxtimes
DATE OF INJURY	(NC	PLACE OF INJURY STREET, CITY, STATE)		TIME OF INJURY	WAS EMPLO EXCUSED F DUTY? (IF Y	ROM	TIN EMPLO BEGAN ON DA' INJU	OYEE WORK TE OF
09/15/17	Waterman @ Kings	highway		10:17 P.M.	N	o 	09	00
HOW DID INJURY OCC allow four lines of text	UR? DESCRIBE FULLY (ATT	ACH CONTINUATION SHEET IF NE	EDED) Only		<u>. </u>		YES	NO
	uck with a large piec	e of asphalt thrown by a	protestor	Seat Belts Used Vest Worn? Other Safety Ed Specify Type:	quip. Used		□ ⊠ ⊠ on Equir	
		TLY INJURED THE EMPLOYEE.				<u>.</u>		_
• • • • • • • • • • • • • • • • • • • •	Y OR ILLNESS IN DETAIL AND houlder and bicep	INDICATE THE PART OF THE BO	DDY AFFECTED				<u></u> _	
WAS THERE ANY DISE	MEMBERMENT, DISFIGUREMI	ENT, OR OTHER PERMANENT DIS	ABILITY? IF SO, E	EXPLAIN				
NAME DF WITNESS, (PO Jermaine B	assignment, DSN – IF APPL anks, 7519/306	CABLE)		DDRESS AND PHONE J. Union 444-00		 		
YES 🗵	NO 🗆	LOYEES STATEMENT? (IF NO, US	<u>.</u>			EEDED)		
	of attending physician #1 Barnes Jewish Hos	enital Dioza		id address of hos s Hospital #1 B		wish Ho	spital	
		phai i iaza	Plaza	3 Mospital #1 2				
Michael A. Ma	OR COMPLETING REPORT							_
Wichael A. Ma	yo J1.		RANK	<u>Lieutenant</u>		_ D\$N	5485	;
WORK RELATED		NOT WORK RELATED	ASSIGN	440		_ DATE	9/17	/ 17
						BALL	•	DATE
I		С	OMMANDER'S	SIGNATURE		DSN		DATE

Case: 4:1METROFFIGTAN POLICE BELARTIMENT CITY OF ST. LOUIS PAGE DIES 2017

CHECKLIST:								
BarnesCare (4:30 p.m		ician <u>immediately</u> contacted by te	lephone	Outlook Messa and forwarded Director, Huma	to Benefits	Office a		¥
COMPLAINT NU	MBER (WITH	POLICE INCIDENT REPORT)			# 17-0	45653		
INJURY NUMBE	R ASSIGNED	BY COMMAND POST (WITH OR WI	THOUT A POLICE		# 170	900223		
NAME OF INJURED EM	PLOYEE			>	assign 303	DSN 1175	Emplo Refu Treati	sed
INJURED EMPLOYEES	DISTRICT/DIVIS	ION ADDRESS AND TELEPHONE NO				į	YES	NO
919 N. Jefferson							\boxtimes	
DATE OF INJURY		PLACE OF INJURY (NO. STREET, CITY, STATE)		TIME OF INJURY	WAS EMPLO EXCUSED FI DUTY? (IF YI	ROM	TIM EMPLO BEGAN 1 ON DAT	YEE WORK E OF
09/15/17	Kingshigh	way & Waterman		22:17 P.M	No	•	090	00
HOW DID INJURY OCC allow four lines of text.	UR? DESCRIBE	FULLY (ATTACH CONTINUATION SHEET	FIF NEEDED) Only				YES	NO
object thrown b		uck in the left shoulder by ar r.	unknown hard	Seat Belts User Vest Worn? Other Safety Ed Specify Type:	quip. Used			
WHAT WAS EMPLOYED	E DOING WHEN	NJURED?		Specify type.	CD1 equ	thuent		
	was suj	pervising a CDT line formati	on during a prote	est.				
NAME THE OBJECT OF Unknown hard		THICH DIRECTLY INJURED THE EMPLOY	EE.					
		DETAIL AND INDICATE THE PART OF T er; popping in shoulder whe						
WAS THERE ANY DISM Unknown	MEMBERMENT, D	ISFIGUREMENT, OR OTHER PERMANE	NT DISABILITY? IF SO, E	XPLAIN				
NAME OF WITNESS, (A		SN – IF APPLICABLE)		DRESS AND PHONE live Street; 444				
DOES WITNESS CONC	OR WITH THE IN	JURED EMPLOYEES STATEMENT? (IF	NO, USE CONTINUATION	N SHEET FOR STATE	MENT, IF NE	EDED)		
NAME AND ADDRESS	OF ATTENDING	PHYSICIAN	NAME ANI	ADDRESS OF HOS	PITAL			
N/A								
NAME OF SUPERVISO	R COMPLETING	REPORT						
Daniel Chitwoo	d		RANK	Lieutenant	-	DSN	3677	
WORK RELATEO		NOT WORK RELATED	ASSIGN.	600		DATE	9/17/	17
								
			COMMANDER'S S	IGNATURE		DSN		DATE

Case: 4:17-cy-02455-CDP POLICE DEPARTMENT - CITY OF ST. LOUIS Page 1 8 2017
EMPLOYEE INJURY REPORT

CHECKLIST:										
	are on-duty ph e (4:30 p.m. –		iately contacted by			Outlook Messag and forwarded to Director, Huma	o Benefit	s Office		
COMPLAINT N	UMBER (WIT	H POLICE INCI	DENT REPORT)				# 17-	45653	-	
INJURY NUMB	ER ASSIGNED T)	BY COMMAND	POST (WITH OR W	<u>/ITHOUT</u> A PC	DLICE		# 17-	900224		
NAME OF INJURED E	MPLOYEE			- 			ASSIGN 399	DSN 3973	Empl Refu Treat	seo
INJURED EMPLOYEE	S' DISTRICT/DIVI	ISION ADDRESS A	AND TELEPHONE NO					•	YES	NO
Problem Prope	erties 1915 O	Olive (314)44	4-5490							
			PLACE OF INJURY				WAS EMPL	OYEE	TIN	
DATE OF INJURY			STREET, CITY, STATE)			TIME OF INJURY	EXCUSED I	FROM	BEGAN ON DA' INJU	WORK TE OF
09/16/17	400 N. E	uclid				1215 A.M.	Y	0.0]	
						P.M.	10	es 	09	UU
HOW DID INJURY OC allow four lines of text.	CUR? DESCRIBI	E FULLY (ATTACH	CONTINUATION SHEE	T IF NEEDED)	Only				YES	NO
			bottle. Chemica		าร	Seat Belts Used	d ?			\boxtimes
	_		zzy and started o	0 0		Vest Wom?			\boxtimes	
Sergeant feil de	ergeant fell down striking his head on floor of building.						uip. Used Helmet	: 1?	\boxtimes	
WHAT WAS EMPLOY	EE DOING WHEN	I INJURED?				Specify Type:	Reimet			
Sergeant was d	eployed as p	oart of Civil	Disobedience Su	pport Tear	n due to	civil unrest				
NAME THE OR ISCT	OP SUBSTANCE	MUCH DIRECTLY	INJURED THE EMPLO	VEE						
Bottle of water			-	1 C.E.						
DESCRIBE THE INJU			DICATE THE PART OF	THE BODY AFF	ECTED					
<u> </u>	<u> </u>		<u>.</u>					. <u></u>		
NO	MEMBERMENT,	DISFIGUREMENT	, OR OTHER PERMANE	ENT DISABILITY	? IF SO, EX	PLAIN.				
NAME OF WITNESS,	(ASSIGNMENT, D	SN - IF APPLICAL	BLE)	Н	OMF ADDR	ESS AND PHONE NU	IMBER			
Janet McKern			-,			ve (314) 444-56				
DOES WITNESS CON	CUR WITH THE I	NJURED EMPLOY	EES STATEMENT? (IF	NO, USE CON	FINUATION	SHEET FOR STATE	MENT, IF NE	EDED)		
NAME AND ADDRES		PHYSICIAN		N.	AME AND A	DDRESS OF HOSPIT				
Dr. Ernesto Ro					arnes H		712			
NAME OF CUREDUIC	00 001 ET.			1	Barnes	Jewish Hospit	al Plaza			
NAME OF SUPERVIS		REPORT								
Justin Johnson					RANK	Sergeant		DSN	6194	
WORK RELATED			NOT WORK RELATED		ASSIGN.	400		DATE	09/17	7/17
						. <u> </u>				
				COMMAND	ER'S SIG	NATURE		DSN		DATE

Case: 4:17 CE PROPOLITAN POLICE DEPARTMENT - CITY OF ST. LOUIS Fag 2 11 #2017
EMPLOYEE INJURY REPORT

CHECKLIST:						
BarnesCare telephone (e on-duty physician <u>immediately</u> contacted by 4:30 p.m. – 8:00 a.m.)		Outlook Messag and forwarded t Director, Human	o Benefits	Office a	
COMPLAINT NU	MBER (WITH POLICE INCIDENT REPORT)		→	# 17-0	45984	
INJURY NUMBER	R ASSIGNED BY COMMAND POST (WITH OR WITH	IOUT A POLICE	\rightarrow	# 17-9	00243	
NAME OF INJURED EMP	PLOYEE			ASSIGN.	bsn 4791	Employee Refused Trealment
INJURED EMPLOYEES'	DISTRICT/DIVISION ADDRESS AND TELEPHONE NO.					YES NO
1915 Olive St. St	. Louis, MO 63103				:	
DATE OF INJURY	PLACE OF INJURY (NO. STREET, CITY, STATE)		TIME OF INJURY	WAS EMPLO EXCUSED FF DUTY? (IF YE	ROM]	TIME EMPLOYEE BEGAN WORK ON DATE OF INJURY
9-17-17	900 Washington		8:40 P.M.	Ye	8	3РМ
HOW DID INJURY OCCL allow four lines of text.	JR? DESCRIBE FULLY (ATTACH CONTINUATION SHEET IF	NEEDED) Only				YES NO
mob. As officers ground striking t			Seat Belts Used Vest Wom? Other Safety Ed Specify Type:		?'	
Standing in a lar	poing when injured? ge violent crowd.	.1				
NAME THE OBJECT OR street/sidewalk	SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE					
Contusions to lef	OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE it thigh, hip and tailbone. Contusions and ons and abrasions to jaw, left ear, neck an	abrasions to fac	ce to include cu	ıt on lip r	equirir	ıg
	EMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT		PLAIN,		A	
NAME OF WITNESS, (AS N/A	SSIGNMENT, DSN - IF APPLICABLE)	HOME ADDR	ESS AND PHONE NU	JMBER		· · · · · · · · · · · · · · · · · · ·
_	UR WITH THE INJURED EMPLOYEES STATEMENT? (IF NO	, USE CONTINUATION	SHEET FOR STATE	MENT, IF NEE	DED)	
YES L	NO L OF ATTENDING PHYSICIAN	NAME AND	DDRESS OF HOSPI	ΓΛΙ		
Dr. Prelutsky	OF ATTEMBING FITTGIONN	N/A	DUNESS OF HUSPII	i AL		
2340 Hampton A	ve St. Louis, MO 63139					
Kevin Ahlbrand		RANK	Sergeant		DSN	3130
WORK RELATED	NOT WORK RELATED	ASSIGN.	210		DATE	9-18-17
	•	m	Quela	3267		9/19/17
L		COMMANDER'S SIG	GNATURE		DSN	/ DATE

Case: 4:1///ETROFFINDRN POLICE BEFART MENTS /20/194 BROFT 160/134 Page D#: 4 ZUII EMPLOYEE INJURY REPORT

CHECKLIST:			
Barnes Care on-duty physician immediately contacted by telephone		pe prepared <u>at tim</u> o Benefits Office n Resources	
COMPLAINT NUMBER (WITH POLICE INCIDENT REPORT)	-	# 17-045653	
INJURY NUMBER ASSIGNED BY COMMAND POST (WITH OR WITHOUT A POLICE INCIDENT REPORT)		# 170900228	
NAME OF INJURED EMPLOYEE		ASSIGN. DSN 303 5175	Employee Refused Treatment
INJURED EMPLOYEES' DISTRICT/DIVISION ADDRESS AND TELEPHONE NO.			YES NO
919 N. Jefferson		•	
DATE OF INJURY (NO. STREET, CITY, STATE)	TIME OF INJURY	_WAS EMPLOYEE EXCUSED FROM DUTY? (IF YES,TIME)	TIME EMPLOYEE BEGAN WORK ON DATE OF INJURY
l	A.M. 22:17 P.M.	No	0900
HOW DID INJURY OCCUR? DESCRIBE FULLY (ATTACH CONTINUATION SHEET IF NEEDED) Only aflow four lines of text.			YES NO
a protester.	Seat Belts Used Vest Wom? Other Safety Ed Specify Type:	quip. Used?	
WHAT WAS EMPLOYEE DOING WHEN INJURED? Sergeant was supervising a CDT line formation during a protest.			
NAME THE OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE. Brick			
DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. Pain and soreness to left lower back, huge knot and some bruising.			
WAS THERE ANY DISMEMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILITY? IF SO, EXP. $Unknown$	LAIN.		
	RESS AND PHONE ve Street; 444		<u> </u>
DOES WITNESS CONCUR WITH THE INJURED EMPLOYEES STATEMENT? (IF NO, USE CONTINUATION S	SHEET FOR STATE	MENT, IF NEEDED)	
NAME AND ADDRESS OF ATTENDING PHYSICIAN NAME AND A	ADDRESS OF HOS	SPITAL	
N/A			
NAME OF SUPERVISOR COMPLETING REPORT			
Daniel Chitwood RANK	Lieutenant	D\$	3 <u>677</u>
WORK NOT WORK ASSIGN	600	DATI	9/17/17
COMMANDER'S SIG	NATURE	DSI	N DATE

Case: 4:1////CYRO4F5 LAPRN POLICE BEPARTNEENGS LOPING OF PAGE DE PAGE DE LA SURVINEEN COURS PAGE DE LA

CHECKLIST: BarnesCare on-du	ity physician <u>immediately</u> contacted by telephone	•	Outlook Messag	ge prepare	ed <u>at time</u>	of inju	īŢ
(4:30 p.m 8:00			and forwarded to Director, Human			aid lite	
COMPLAINT NUMBE	R (<u>WITH</u> POLICE INCIDENT REPORT)		→	# 17-	045653		
INJURY NUMBER ASSINCIDENT REPORT)	GIGNED BY COMMAND POST (WITH OR WITHOUT	A POLICE		# 170	0900227		
NAME OF INJURED EMPLOYE	E			ASSIGN.	DSN 6490	Refu	loyee used tment
INJURED EMPLOYEES' DISTR	ICT/DIVISION ADDRESS AND TELEPHONE NO.			.		YES	NO
919 N. Jefferson						×	
DATE OF INJURY	PLACE OF INJURY(NO. STREET, CITY, STATE)		TIME OF INJURY	WAS EMPL EXCUSED DUTY? (IF	FROM	EMPL BEGAN ON DA	ME OYEE I WORK ITE OF URY
	gshighway & Waterman		22:17 A.M.	N	ło	09	00
HOW DID INJURY OCCUR? D allow four lines of text.	ESCRIBE FULLY (ATTACH CONTINUATION SHEET IF NEE	DED) Only				YES	NO
canister thrown by a	aled an unknown, chemical smoke emitti protester.	ng from a	Seat Belts Use Vest Worn? Other Safety Ed Specify Type:	quip. Use			
NAME THE DBJECT OR SUBS A smoking chemical DESCRIBE THE INJURY OR IL	s supervising a CDT line formation during the thick directly injured the employee substance emitting from a canister throw these in detail and indicate the part of the bod	n by a prot	ester.		3 4		
	ed by unknown chemical smoke emitting			rny come	u not see	-	
NAME OF WITNESS, (ASSIGN Lt. Daniel Chitwood	MENT, DSN IF APPLICABLE) 3677		Dress and Phone live Street; 444	=			
DOES WITNESS CONCUR WI	TH THE INJURED EMPLOYEES STATEMENT? (IF NO, USE	CONTINUATIO	N SHEET FOR STATE	MENT, IF N	EEDED)		
NAME AND ADDRESS OF ATT	ENDING PHYSICIAN	NAME AN	ADDRESS OF HOS	PITAL			
N/A							
NAME OF SUPERVISOR COM	PLETING REPORT				_		
Daniel Chitwood		RANK	Lieutenant		_ DSN	367	7
WORK RELATED	NOT WORK RELATED	ASSIGN.	600		_ DATE	9/17	/17
		MMANDER'S S	IGNATURE				DATE

Case: 4:17-cy-02455-CDP, Doc. #: 126-10 Filed: 03/29/19 Bage: 18 of 34 PageID #: EMPLOYEE INJURY REPORT Case: 4:17-cy-02455-CDP, Doc. #: 126-10 Filed: 03/29/19 Bage: 18 of 34 PageID #: EMPLOYEE INJURY REPORT

CHECKLIST:			,				
BarnesCare on-d (4:30 p.m. – 8:00	uty physician <u>immediately</u> contacted by telepho a m.)	one 🔲	Outlook Messag and forwarded t Director, Human	o Benefits	Office a		Y
COMPLAINT NUMBE	ER (<u>WITH</u> POLICE INCIDENT REPORT)			# 17-0	45589		
INJURY NUMBER AS	SIGNED BY COMMAND POST (WITH OR WITHOU	<u>JT</u> A POLICE		# 170	900229		
NAME OF INJURED EMPLOY	EE		- →	ASSIGN 301	DSN 7274	Emple Refu Treati	sed
INJURED EMPLOYEES DIST	RICT/DIVISION ADDRESS AND TELEPHONE NO.					YES	NO
3157 Sublette							\boxtimes
DATE OF INJURY	PLACE OF INJURY (NO. STREET, CITY, STATE)		TIME OF INJURY	WAS EMPLO EXCUSED FE DUTY? (IF YE	ROM	TIM EMPLO BEGAN ON DAT INJU	OYEE WORK TE OF
09/15/17 Tue	cker at Clark		A.M. 17:25 P.M.	No	o	090	00
HDW DID INJURY DCCUR? I	DESCRIBE FULLY (ATTACH CONTINUATION SHEET IF N				YES	NO	
Officer was struck in concrete).	left shoulder by a thrown object (rock	or piece of	Seat Belts Used Vest Worn? Other Safety Ed Specify Type:	quip. Used'			
	T line formation during a protest. STANCE WHICH DIRECTLY INJURED THE EMPLOYEE					··-	
DESCRIBE THE INJURY OR I	LLNESS IN DETAIL AND INDICATE THE PART OF THE BO ration to left shoulder						
WAS THERE ANY DISMEMBE Unknown	RMENT, DISFIGUREMENT, OR OTHER PERMANENT DI	SABILITY? IF SO, E	XPLAIN.				
NAME OF WITNESS, (ASSIGN Sgt. James Buckerid	NMENT, DSN – IF APPLICABLE) ge		DRESS AND PHONE ublette, 444-01				
DOES WITNESS CONCUR W	ITH THE INJURED EMPLOYEES STATEMENT? (IF NO, U	SE CONTINUATIDI	N SHEET FOR STATE	MENT, IF NE	EDED)		
NAME AND ADDRESS OF AT	TENDING PHYSICIAN	NAME AN	D ADDRESS OF HDS	PITAL			
NAME OF SUPERVISOR COM	MPLETING REPORT						
James Buckeridge		RANK	Sergeant_		DSN	5823	ı
WORK RELATED	NOT WORK RELATED	ASSIGN	_301		DATE	9/17/	17
		COMMANDER'S S	NONATURE		DSN		DATE

Case: 4:17 ME PROPORTICE DEPARTIMENT 29(19 Y POPS T1 2 OF BAS PageID #:

WILL OFFICE	DEL STATES	TEM Y - CYTY	OF 21.
EMDI AV	er hoth ov	REPORT	
	Lyry 11301171 X 1	KUKUKI	

CHECKLIST:								•		
BarnesCare (4.30 p.m. –	on-duty physi 8:00 a.m.)	cian <u>immediate</u>	ty contacted by te	elephone		Outlook Messag and forwarded to Director, Human	o Benefit	s Office ar	of injury nd the	Ĺ
COMPLAINT NU	JMBER (WITH	POLICE INCIDE	INT REPORT)				# 17-	045653		
INJURY NUMBE	R ASSIGNED	BY COMMAND F	POST (WITH OR V	<u>VITHOUT</u> A P	OLICE		# 170	900230		
NAME OF INJURED EN	MPLOYEE					>	assign. 301	DSN 11263	Emple Refu Treat	sed
INJURED EMPLOYEES	S' DISTRICT/DIVIS	ION ADDRESS AN	D TELEPHONE NO						YES	NO
3157 Sublette										Ø
DATE OF INJURY			CE OF INJURY REET, CITY, STATE)			TIME OF INJURY	WAS EMPL(EXCUSED F DUTY? (IF Y	ROM	TIM EMPLO BEGAN' ON DAT	YEE WORK TE OF
09/15/17	Hortense a	t Euclid				A.M.	N		004	
					•	22:55 P.M.		0	090	JU
HOW DID INJURY OCC allow four lines of text		· <u> </u>			Only		1		YES	NO
Officer was exp	losed to an u	inknown chei	mical gas throv	wn by a		Seat Belts Use	d?			\boxtimes
protester.						Vest Wom? Other Safety Ed	min Hear	12		H
						Specify Type:			Ľ	L-4
WHAT WAS EMPLOYE Officer was in a			ing a protest.						·· -	
NAME THE OBJECT O A smoking cher					y a prot	ester.				
DESCRIBE THE INJUR Eyes and nose i						ister.				· · ·
was there any dist Unknown	MEMBERMENT, C	DISFIGUREMENT, (OR OTHER PERMAN	ENT DISABILIT	Y7 IF SO, E	XPLAIN				
NAME OF WITNESS. (Sgt. Sam Gilma		SN – IF APPLICABI	E)			DRESS AND PHDNE ublette, 444-01				
DOES WITNESS CON		JURED EMPLOYE	ES STATEMENT? (II	F NO, USE CON	OTAUNIT	N SHEET FOR STAT	EMENT, IF N	(EEDED)		
YES X	NO OF ATTENDING	PHYSICIAN			NAME AN	D ADDRESS OF HOS	SPITAL			
N/A										
NAME OF SUPERVISO	OR COMPLETING	REPORT			<u> </u>		· 			
James Buckerio	dge				RANK	Sergeant		DSN	<u>58</u> 23	<u>. </u>
WORK RELATED			NOT WORK RELATED		ASSIGN.	301		_ DATE	9/17	<u>'17</u>
	-			AA1-11-1	MACDO O	NOMATI IDE		DSN		DATE:
L		· · · · · · · · · · · · · · · · · · ·		COMMA	MUFK ?	IGNATURE		DON		<u> </u>

Case: 4:1 METROFOLDFANDPOINCE AGENARTIMENT/29(19 YPORGE PAGE DE PARTIMENT/29(19 YPORGE PAGE DE PARTIMENT/29(19 YPORGE PAGE DE PAGE DE

CHECKLIST:			_		_ <u> </u>	- ·- - -·-		. 4.4	(1)
	on-duty physi - 8:00 a.m.)	ician immediately contacted by tele	ephone [Outlook Messag and forwarded t Director, Humar	o Benefi	ts Office a		<u>ry</u>
COMPLAINT N	JMBER (WITH	POLICE INCIDENT REPORT)				# 170	045589		
INJURY NUMBE	R ASSIGNED	BY COMMAND POST (WITH OR WIT	THOUT A POLICE	<u>-</u>		# 170	0900231		
NAME OF INJURED E	MPLOYEE		· · · · · ·			assign 301	DSN 967	Emple Refu Treat	sed
INJURED EMPLOYEES	S DISTRICT/DIVIS	ION ADDRESS AND TELEPHONE NO	# 1 · · · · ·		>		1 701	YES	NO
3157 Sublette, S	St. Louis, MC	63139 314-444-0100						\boxtimes	
DATE OF INJURY		PLACE OF INJURY (NO. STREET, CITY, STATE)		<u> </u>	TIME OF INJURY	WAS EMPL EXCUSED DUTY? (IF	FROM	TIM EMPLO BEGAN TAG NO INJU	OYEE WORK TE OF
09/15/17	Tucker/Cla				3:34 P.M.	N	О	091	00
HOW DID INJURY OCC aflow four lines of text.	CUR? DESCRIBE	FULLY (ATTACH CONTINUATION SHEET	IF NEEDED) Only	_				YES	NO
Officer was involved in Civil Disobedience Detail Seat Belts Used? Vest Worn? Other Safety Equip. Used? Specify Type: CDT Equi									
WHAT WAS EMPLOYE CDT Duties	E DOING WHEN I	NJURED?							
NAME THE OBJECT O		HICH DIRECTLY INJURED THE EMPLOY	EE,			-			
DESCRIBE THE INJUS Exposure to un		DETAIL AND INDICATE THE PART OF THE SUBSTANCE.	HE BODY AFFECTED	D		_			•
WAS THERE ANY DIS No	MEMBERMENT, D	DISFIGUREMENT, OR OTHER PERMANEN	IT DISABILITY? IF SC	O, EXP	PLAIN			, ,	
NAME OF WITNESS, (ASSIGNMENT, DS	EN - IF APPLICABLE)	HOME	E ADDI	RESS AND PHONE	NUMBER			-
DOES WITNESS CON	CUR WITH THE IN	NJURED EMPLOYEES STATEMENT? (IF)	NO, USE CONTINUAT	NOIT.	SHEET FOR STATE	MENT, IF N	EEDED)	· · · · · · · · · · · · · · · · · · ·	_
NAME AND ADDRESS		PHYSICIAN	NAME	E AND	ADDRESS OF HOS	PITAL			
	··			 -					
NAME OF SUPERVISI		REPORT			Sergeant		DOM	6564	l.
			RAN	-			_		
WORK RELATED		NOT WORK RELATED	ASSIC	IGN	302		DATE	09/1	<u>7/17 </u>
			,						
			COMMANDER	rs sig	SNATURE		DSN		DATE

Case: 4:1METROED CITAN POLICE DEPARTMENTS/2019 PROST2LOUIS PAGE 19 2017 EMPLOYEE INFERY REPORT

CHECKLIST:								
BarnesCare (4:30 p.m	e on-duty physic - 8:00 a.m.)	ian <u>immediately</u> contacted by telepi	none	Outlook Messag and forwarded to Director, Human	o Benefi	ts Office a		
COMPLAINT N	JMBER (WITH	POLICE INCIDENT REPORT)			# 17	045589		
INJURY NUMBE	ER ASSIGNED B	Y COMMAND POST WITH OR WITH	OUT A POLICE		# 17	0900231		
NAME OF INJURED E	MPLOYEE		·		assign.	DSN 967	Empl Refu Treat	sed
INJURED EMPLOYEES	S' DISTRICT/DIVISI	ON ADDRESS AND TELEPHONE NO.					YES	NO
3157 Sublette, S	St. Louis, MO	63139 314-444-0100						
DATE OF INJURY		PLACE OF INJURY (NO. STREET, CITY, STATE)		TIME OF INJURY	. WAS EMP EXCUSED DUTY? (IF		THA EMPLO BEGAN ON DA INJI	OYEE_ WORK TE OF
09/15/17	Tucker/Cla			3:34 P.M.	N	10	09	00
HOW DID INJURY OCC allow four lines of text	CUR? DESCRIBE	ULLY (ATTACH CONTINUATION SHEET IF	NEEDED) Only				YES	NO
Officer was involved in Civil Disobedience Detail Seat Belts Vest Worn? Other Safet Specify Typ WHAT WAS EMPLOYEE DOING WHEN INJURED?						ed? quipment		
WHAT WAS EMPLOYE CDT Duties	EE DOING WHEN IN	JURED?						
NAME THE OBJECT OF		HICH DIRECTLY INJURED THE EMPLOYEE				 ,	· · · · · ·	-
DESCRIBE THE INJUITE Exposure to un		DETAIL AND INDICATE THE PART OF THE SUBSTANCE.	BODY AFFECTED.		1			
WAS THERE ANY DIS	MEMBERMENT, DI	SFIGUREMENT, OR OTHER PERMANENT	DISABILITY? IF SO, E	KPLAIN				
NAME OF WITNESS, ((Assignment, DSI	N — IF APPLICABLE)	HDME AD	DRESS AND PHONE	NUMBER		<u></u>	
DOES WITNESS CON	CUR WITH THE IN.	JURED EMPLOYEES STATEMENT? (IF NO.	, USE CONTINUATION	SHEET FOR STATE	MENT, IP I	VÉEDEO)		· <u> </u>
NAME AND ADDRESS		HYSICIAN	NAMEAN	D ADDRESS OF HO	SPITAL			
NAME OF SUPERVISO	OR COMPLETING F	REPORT			· · ·			
Lankford, Jose	pb		RANK	Sergeant	 .	DSN	6564	1
WORK RELATED		NOT WORK RELATED	ASSIGN.	302		DATE	09/1	7/17
			AAIHILI PHEIC	IOMATI INC		DON		DATE!
1	<u> </u>		COMMANDER'S S	IGNATURE		, DSN		DATE

Case: 4:17METROFFOLPFANDPOLICE DEPARTMENT 29CHTY OF ST. LOUIS SEP 19 2017.

EMPLOYEE INJURY REPORT

CHECKLIST:												
BarnesCare (4:30 p.m. –	on-duty physi -8:00 a.m.)	cian <u>immediat</u>	ely contacted by to	elephone		Outlook i and forw Director,	arded:	to Bene	efits Offic	me e æ ar	of injur id the	¥
COMPLAINT NO	JMBER (WITH	POLICE INCID	ENT REPORT)				+	# 1	704558	9		
INJURY NUMBE	R ASSIGNED :	BY COMMAND	POST (WITH OR V	<u>WITHOUT</u> A P	OLICE		>	# 1	709002	32		
NAME OF INJURED EN	MPLOYEE							ASSIG	.	1	Emplo Refu Treatr	sed
INJURED EMPLOYEES	DISTRICT/DIVIS	ION ADDRESS A	ND TELEPHONE NO.			<u>,,</u>		L			YES	NO
3157 Sublette, S	t. Louis, MC	63139 314	-444-0100								\boxtimes	
DATE OF INJURY			ACE OF INJURY			TIME OF I	ที่วบให้	EXCUS	MPLOYEE ED FROM (IF YES,TIME	E)	TIM EMPLO BEGAN 1 ON DAT INJU	YEE WORK IE OF
09/15/17	Tncker/Cla	ark				3:34	A.M. P.M.		NO		090	00
HOW DID INJURY OCC	UR? DESCRIBE	FULLY (ATTACH	CONTINUATION SHE	ET IF NEEDED)	Only		······································	+		•	YES	NO
Officer was invo	olved in Civi	l Disobedier	nce Defail			Seat Bel Vest Wo Other Sa Specify	m? afety E	quip. Us	sed? Equipme	nt		
WHAT WAS EMPLOYE CDT Duties	E DOING WHEN	INJURED?					· > F = -		_1€			
NAME THE OBJECT OF Unknown white		/HICH DIRECTLY	INJURED THE EMPLO	OYEE								
DESCRIBE THE INJUR Exposure to un			DICATE THE PART OF	THE BODY AF	FECTED.		+ -		_			
WAS THERE ANY DIST	MEMBERMENT, C	DISFIGUREMENT,	OR OTHER PERMAN	ENT DISABILIT	Y? IF \$O, E)	KPLAIN.			· · ·			
NAME OF WITNESS, (IN/A	ASSIGNMENT, DS	SN - IF APPLICAE	SLE)		HOME AD	DRESS AND	PHONE	NUMBE	R			
DOES WITNESS CON	CUR WITH THE IN	IJUREO EMPLOY	EES STATEMENT? (I	IF NO, USE CON	NTINUATION	SHEET FO	R STATI	EMENT, I	F NEEDED)		·
NAME AND ADDRESS	OF ATTENDING	PHYSICIAN			NAME AN	D ADDRESS	OF HO	SPITAL				_
NAME OF SUPERVISO	OR COMPLETING	REPDRT				-						
Lankford, Jose	ph				RANK	Sergea	nt		D	SN .	6564	
WORK RELATED			NOT WORK RELATED		ASSIGN.	302			D#	TE .	09/1′	7/17
		· ·					_					
				COMMA	NDER'S S	IGNATURE	<u> </u>		D	SN		DATE

Case: 4:1 METROPOLITCE BEPART WEND 128/12 OF 19 2017 EMPLOYEE INSURY REPORT | SEP 19 2017

CHECKLIST:								
	re on-duty phys 8:00 a.m.)	ician <u>immediately</u> contacted by telep	hone	Outlook Messag and forwarded t Director, Human	o Benefits C	at time office ar	of injur nd the	¥
COMPLAINT N	IUMBER (WITH	POLICE INCIDENT REPORT)			# 17045	589		
INJURY NUME		BY COMMAND POST (WITH OR WITH	OUT A POLICE	→	# 17090	0233		
NAME OF INJURED	EMPLOYEE				ASSIGN. 302 1	dsn 1469	Emplo Refu Treati	seđ
INJURED EMPLOYE	ES' DISTRICT/DIVIS	SION ADDRESS AND TELEPHONE NO.	- ·- ·				YES	NO
3157 Sublette,	St. Louis, MC	O 63139 314-444-0100				_	\boxtimes	
DATE OF INJURY		PLACE OF INJURY		TIME OF INJURY	WAS EMPLOYE EXCUSED FRO		TIM EMRLO BEGAN	YEE_
DATEOFINIURY		(NO. STREET, CITY, STATE)		THE OF HEIGHT	DUTY? (IF YES,		ON DAT	TE OF
09/15/17	Tucker/Cl	ark		3:34 A.M.	NO		09	00
HOW DID INJURY O	CCUR? DESCRIBE	FULLY (ATTACH CONTINUATION SHEET I	NEEDED) Only				YES	NO
		il Disobedience Detail		Seat Belts Used Vest Worn? Other Safety Ed Specify Type:	quip. Used?	ment		
WHAT WAS EMPLO	YEE DOING WHEN	INJURED?						
NAME THE OBJECT Unknown whi		VHICH DIRECTLY INJUREO THE EMPLOYER						, ,
DESCRIBE THE INJ Exposure to u		N DETAIL AND INDICATE THE PART OF THE e substance.	BODY AFFECTED.					-
WAS THERE ANY D	ISMEMBERMENT, I	DISFIGUREMENT, OR OTHER PERMANENT	DISABILITY? IF SO, E	XPLAIN.			•	
NAME OF WITNESS N/A	, (ASSIGNMENT, D	SN - IF APPLICABLE)	HOME AD	DRESS AND PHONE	NUMBER			
OOES WITNESS CO	NO NO	NJURED EMPLOYEES STATEMENT? (IF NO), USE CONTINUATIO	N SHEET FOR STAT	EMENT, IF NEE	DE D)		
NAME AND ADDRE		PHYSICIAN	NAME AN	D ADDRESS OF HO	SPITAL			_
NAME DF SUPERVI	SOR COMPLETING	REPORT						
Lankford, Jos	seph		RANK	Sergeant		DSN	6564	<u> </u>
WORK RELATED	·	NOT WORK RELATED	ASSIGN.	302		DATE	09/1	7/17
	-				_		,	
1			COMMANDER'S	SIGNATURE	6.2	DSN	7	DATE

Case: 4:1 ME/TRESPONDED AND POLICE OF ARTHOGONY/2 VITY ONE TO LOUIS PAGE 19 19 2017 EMPLOYEE INJURY REPORT

CHECKLIS	ST:															
☐ Barı (4:3	nesCare 0 p.m. –	on-duty phy: 8:00 a.m.)	sician <u>imm</u> e	ediatel	y contacte	ed by tele	phone		ar	nd for		I to B	enefi	ed <u>at time</u> ts Office <i>a</i> ces		¥
COMPLA	INT NU	MBER (<u>WIT</u>	H POLICE I	NCIDE	NT REPOR	RT)				_	→	#	170	045653		
INJURY I	NUMBE REPORT	R ASSIGNED	BY COMM	AND P	OST (WIT	H OR WIT	HOUT A I	POLICE		-	→	#	170	900235		
NAME OF IN.	JURED EM	PLOYEE				. =			,			1	SIGN 802	DSN 11095		oyee ised ment
INJURED EM	PLOYEES	DISTRICT/DIV	ISION ADDRE	SS ANI	TELEPHO	NE NO.		,						1	YES	NO
3157 Sub	lette, S	t. Louis, M	O 63139	314-4	144-0100)										
				-PLAC	CE OF INJU	R Y		, market	ļ				S-EMPL			OYEE
DATE OF I	NJURY		(F)	IO. STR	EET, CITY,	STATE)			TI	ME OF	INJURY		CUSED TY? (IF	FROM YES,TIME)		WORK TE OF
09/15/17		Central V	Vest End						1	0:17	A.M. _ P.M.		N	Ю	10	
HOW DID IN	IURY OCC	UR? DESCRIB	E FULLY (AT	TACH C	ONTINUATI	ON SHEET	IF NEEDEL	O) Only	片	V. X /	_ P.IVI.				YES	NO
Officer w		lved in Civ	zil Disobe	dienc	e Detail	***			-						153	
		arou in Ci	II DISONE	u.c.ii	c Detail				1 -	eat Bo est W	elts Use forn?	ed?				\boxtimes
										Safety E			d? ¡uipment	\boxtimes		
CDT Dut	ties	EDDING WHEN		CTI Y IN	JURED THE	E EMPLOYE	<u></u>									
		ck that wa														
		y or illness i d cuts on h				ART OF TH	IE BODY A	FFECTED.					<u> </u>	•		
WAS THERE No	ANY DISM	EMBERMENT,	DISFIGUREM	MENT, O	R OTHER P	PERMANEN	T DISABILI	TY? IF SO, E	EXPL	AIN.						
	TNESS, (A	SSIGNMENT, D	OSN - IF APPI	LICABLI				HOME AD	DDRE	ESS AN	D PHON	IE NUN	1BER			
N/A																
DOES WITH	ESS CONC	UR WITH THE	INJURED EMI	PLOYE	S STATEM	ENT? (IF N	O, USE CO	I INTINUATIO	ON SI	HEET F	DR STA	TEME	NT, IF I	NEEDED)		
└	DDRESS	OF ATTENDING	PHYSICIAN					NAME AN	IA O	DDRES	S OF HO	SPITA	NL.			
NAME OF SU	JPERVISO	R COMPLETING	3 REPORT		· · ·		-	<u> </u>		•						
Lankford	d, Josep	h					·	RANK	_ <u>s</u>	erge	ant			_ DSN	6564	<u> </u>
⊠ wo	RK ATED				OT WORK	<		ASSIGN.	_3	02				_ DATE		7/17
							COMM	ANDER'S	SIGN	IATUR	E			DSN	/	DATE

Case: 4:1 METRO FOI FOR THE BETART WEEN PORT BASET PROPERTY PROPER

CHECKLIST:							
BarnesCare (4:30 p.m	on-duty physician <u>immediately</u> contacte 8:00 a.m.)	ed by telephone	Outlook Messag and forwarded t Director, Humar	o Benefit	s Office ar		Ĺ
COMPLAINT N	MBER (WITH POLICE INCIDENT REPOR	RT)		# 170	45589		
INJURY NUMBE	R ASSIGNED BY COMMAND POST (WIT	H OR WITHOUT A POLICE		# 170	900234		
NAME OF INJURED E	PLOYEE		→	ASSIGN. 302	DSN 11095	Emplo Refu Treatr	sed
INJURED EMPLOYEES	DISTRICT/DIVISION ADDRESS AND TELEPHD	NE NO.				YES	NO
3157 Sublette, S	t. Louis, MO 63139 314-444-0100					\boxtimes	
DATE OF INJURY	PLACE OF INJUI (NO. STREET, CITY,		TIME OF INJURY	WAS EMPLO EXCUSED F DUTY? (IF Y	ROM	TIM EMPLO BEGAN I ON DAT	YEE WORK IE OF
09/15/17	Tucker/Clark		3:34 P.M.	N	0	090)0
HDW DID INJURY OCC	UR? DESCRIBE FULLY (ATTACH CONTINUATION	ON SHEET IF NEEDED) Only		<u> </u>		YES	NO
	olved in Civil Disobedience Detail		Seat Belts Used Vest Worn? Other Safety Ed Specify Type.	quip. Used			
WHAT WAS EMPLOYE CDT Duties	E DOING WHEN INJURED?		r opening Types				
NAME THE OBJECT O	R SUBSTANCE WHICH DIRECTLY INJURED THE SUBSTANCE.	EMPLOYEE.			•		
	Y OR ILLNESS IN DETAIL AND INDICATE THE F Known white substance.	ART OF THE BODY AFFECTED				•	
WAS THERE ANY DIS	MEMBERMENT, DISFIGUREMENT, OR OTHER F	ERMANENT DISABILITY? IF SO, E	EXPLAIN.				
NAME OF WITNESS, (ASSIGNMENT, DSN - IF APPLICABLE)	HOME AD	DRESS AND PHONE	NUMBER			
DOES WITNESS CON	CUR WITH THE INJURED EMPLOYEES STATEM	ENT? (IF NO, USE CONTINUATIO	N SHEET FOR STATE	EMENT, IF N	IEEDED)		
	OF ATTENDING PHYSICIAN	NAME AN	D ADDRESS OF HOS	SPITAL			
NAME OF SUPERVISO	R COMPLETING REPORT				-		
Lankford, Jose	ph	RANK	Sergeant		_ D\$N	6564	<u>t</u> _
WORK RELATED	NOT WOR	ASSIGN.	302		_ DATE	09/1	7/17
		COMMANDER'S	SIGNATURE		DSN		DATE

Case: 4:17 METROPOLITICE TO EPARTIMENT 29/14 Y PARSIT LOUIS PARTID 2: 0 2017 EMPLOYEE INJURY REPORT

CHECKLIST:							
	e on-duty physician <u>immediately</u> contacted by 4:30 p.m. – 8:00 a.m.)		Outlook Messag and forwarded t Director, Human	o Benefits	Office at		
COMPLAINT NUI	MBER (WITH POLICE INCIDENT REPORT)			# 17-0	45651		
INJURY NUMBEI	RASSIGNED BY COMMAND POST (WITH OR WITHOUT	A POLICE		# 17-9	00236		
NAME OF INJURED EMP	PLOYEE		-	assign. 463	DSN 01645	Emplo Refu Treatr	sed
INJURED EMPLOYEES	DISTRICT/DIVISION ADDRESS AND TELEPHONE NO	·				YES	NO
Traffic Safety 19	215 Olive St. Louis, Mo					\boxtimes	
DATE OF INJURY	PLACE OF INJURY (NO. STREET, CITY, STATE)		TIME OF INJURY	WAS EMPLO' EXCUSED FR DUTY? (IF YE	MO	TIM EMPLO BEGAN N ON DAT INJUI	YEE WORK E OF
09-16-17 4900 Maryland 12:15 A.M. No P.M.							
HOW DID INJURY DCCL	R? DESCRIBE FULLY (ATTACH CONTINUATION SHEET IF NEED	DED) Only		\	· · · · · · · · · · · · · · · · · · ·	YES	NO
Officer was working the Civil disobedience and driving department 557 east on Maryland when an unknown person threw a large rock, striking the frame of the driver's door and striking PO Seat Belts Used? Vest Worn? Other Safety Equip. Used?							
left arn			Specify Type:	Reflective	Vest		
Driving his patro	DOING WHEN INJURED? Il vehicle						
NAME THE OBJECT OR rock/brick	SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE						
DESCRIBE THE INJURY Small scratch to	OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY left forearm	AFFECTED	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u>,</u>	
WAS THERE ANY DISM	EMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISAS	BILITY? IF SO, E	EXPLAIN				
NAME OF WITNESS, (A. N/A	SSIGNMENT, DSN - IF APPLICABLE)	HDME ADDR	ESSAND PHONE NU	IMBER	<u> </u>		
	JR WITH THE INJURED EMPLOYEES STATEMENT? (IF NO, USE	CONTINUATIO	N SHEET FOR STATE	MENT IE NE	FDED)		
YES	NO						
	OF ATTENDING PHYSICIAN	- 	ADDRESS OF HOSPI	TAL			
N/A		N/A					
NAME DE SUPERVISOR	COMPLETING REPORT			· .,			
Edward Moran	3597	RANK	Sergeant		DSN	0359	7
WORK RELATED	NOT WORK RELATED	ASSIGN.	463		DATE	09-1	7-17
	A A	40	X.		370	9	917
	COMI	MANDER'S-SI	I SNATURE		DSN		DAIE
							/_

INJURY NUMBER ASSIGNED BY COMMAND POST (WITH OR WITHOUT A POLICE INCIDENT REPORT) NAME OF INJURED EMPLOYEE INJURED EMPLOYEES DISTRICT/DIVISION ADDRESS AND TELEPHONE NO. 3157 Sublette Avenue St. Louis, MO 63139 314-444-0100 Second I DATE OF INJURY (NO STREET, CITY, STATE) 109-15-17 Tucker & Clark HOW DID INJURY OCCUR? DESCRIBE FULLY (ATTACH CONTINUATION SHEET IF NEEDED) Only ellow four lines of text. HOW DID INJURY OCCUR? DESCRIBE FULLY (ATTACH CONTINUATION SHEET IF NEEDED) Only Officer was struck with a gatorade bottle filled with an unknown clear liquid irritant. Officer felt a burning sensation on the skin of his chest and arms. Once the situation was under control. Officer was hosed off by the Fire Dept. and returned to duty and the CDT South Patrol line. WHAT WAS EMPLOYEE DDING WHEN INJURED? On the line, facing protestors - CDT NAME THE OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE. Unknown DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. Chest and arms WAS THERE ANY DISMEMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILITY? IF SO. E NO NAME OF WITNESS, (ASSISNMENT, DSN - IF APPLICABLE) Sgt. Joseph Carretero, DSN 4343/302 DOES WITNESS CONCUR WITH THE INJURED EMPLOYEES STATEMENT? (IF NO. USE CONTINUATION YES) NAME AND ADDRESS OF ATTENDING PHYSICIAN NAME AND ADDRESS OF ATTENDING PHYSICIAN NAME AND ADDRESS OF COMPLETING REPORT			SEP 2							
telephone (4:30 p.m 8:00 a.m.) COMPLAINT NUMBER (WITH POLICE INCIDENT REPORT) INJURY NUMBER ASSIGNED BY COMMAND POST (WITH OR WITHOUT A POLICE INCIDENT REPORT) NAME OF INJURED EMPLOYEE INJURED EMPLOYEES DISTRICTIDIVISION ADDRESS AND TELEPHONE NO. 3157 Sublette Avenue St. Louis, MO 63139 314-444-0100 Second I DATE OF INJURY (NO STREET, CITY, STATE) O9-15-17 Tucker & Clark HOW DID INJURY OCCUR? DESCRIBE FULLY (ATTACH CONTINUATION SHEET IF NEEDED) Only allow four lines of lext. Officer was struck with a gatorade bottle filled with an unknown clear liquid irritant. Officer felt a burning sensation on the skin of his chest and arms. Once the situation was under control. Officer was hosed off by the Fire Dept. and returned to duty and the CDT South Patrol line. WHAT WAS EMPLOYEE DOING WHEN INJURED? On the line, facing protestors - CDT NAME THE OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE. Unknown DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. Chest and arms WAS THERE ANY DISMEMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILITY? IF SO. IS NO NAME OF WITNESS, (ASSIGNMENT, DSN - IF APPLICABLE) Sgt. Joseph Carreterd, DSN 4343/302 DOES WITNESS CONCUR WITH THE INJURED EMPLOYEES STATEMENT? (IF NO. USE CONTINUATION YES NO INAME AND ADDRESS OF ATTENDING PHYSICIAN NAME AND ADDRESS OF ATTE										
INJURY NUMBER ASSIGNED BY COMMAND POST (WITH OR WITHOUT A POLICE INCIDENT REPORT) NAME OF INJURED EMPLOYEE INJURED EMPLOYEES DISTRICT/DIVISION ADDRESS AND TELEPHONE NO. 3157 Sublette Avenue St. Louis, MO 63139 314-444-0100 Second II DATE OF INJURY (NO STREET, CITY, STATE) 109-15-17 Tucker & Clark HOW DID INJURY OCCUR? DESCRIBE FULLY (ATTACH CONTINUATION SHEET IF NEEDED) Only ellow four lines of lext. Officer was struck with a gatorade bottle filled with an unknown clear liquid irritant, Officer felt a burning sensation on the skin of his chest and arms. Once the situation was under control. Officer was hosed off by the Fire Dept. and returned to duty and the CDT South Patrol line. WHAT WAS EMPLOYEE DEING WHEN INJURED? On the line, facing protestors - CDT NAME THE OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE. Unknown DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. Chest and arms WAS THERE ANY DISMEMBERMENT, DISPIGUREMENT, OR OTHER PERMANENT DISABILITY? IF SO. E. NO NAME OF WITNESS, (ASSIGNMENT, DSN - IF APPLICABLE) Sgt. Joseph Carreterd, DSN 4343/302 DOES WITNESS CONCUR WITH THE INJURED EMPLOYEES STATEMENT? (IF NO. USE CONTINUATION YES NO 100 100 100 100 100 100 100 100 100 10		je prepared <u>at tim</u> o Benefits Office n Resources								
INJURED EMPLOYEES DISTRICT/DIVISION ADDRESS AND TELEPHONE NO. 3157 Sublette Avenue St. Louis, MO 63139 314-444-0100 Second I DATE OF INJURY (NO STREET, CITY, STATE) 109-15-17	>	# 17-045589)							
NURRED EMPLOYEES DISTRICTIDIVISION ADDRESS AND TELEPHONE NO. 3157 Sublette Avenue St. Louis, MO 63139 314-444-0100 Second I DATE OF INJURY (NO STREET, CITY, STATE) D9-15-17 Tucker & Clark HOW DID INJURY OCCUR? DESCRIBE FULLY (ATTACH CONTINUATION SHEET IF NEEDED) Only allow four lines of text. Officer was struck with a gatorade bottle filled with an unknown clear liquid irritant, Officer felt a burning sensation on the skin of his chest and arms. Once the situation was under control. Officer was hosed off by the Fire Dept. and returned to duty and the CDT South Patrol line. WHAT WAS EMPLOYEE DINING WHEN INJURED? On the line, facing protestors - CDT NAME THE OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE. Unknown DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. Chest and arms WAS THERE ANY DISMEMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILITY? IF SO, E NO NAME OF WITNESS, (ASSIGNMENT, DSN - IF APPLICABLE) Sgt. Joseph Carretero, DSN 4343/302 DOES WITNESS CONGUR WITH THE INJURED EMPLOYEES STATEMENT? (IF NO. USE CONTINUATION THE MANE AND ADDRESS OF ATTENDING PHYSICIAN NAME AND ADDRESS OF ATTENDING PHYSICIAN NAME OF SUPERVISOR COMPLETING REPORT		# 17-900237	,							
DATE OF INJURY PLACE OF INJURY (NO STREET, CITY, STATE) PLACE OF INJURY (NO STREET, CITY, STATE) O9-15-17 Tucker & Clark Officer was struck with a gatorade bottle filled with an unknown clear liquid irritant. Officer felt a burning sensation on the skin of his chest and arms. Once the situation was under control. Officer was hosed off by the Fire Dept. and returned to duty and the CDT South Patrol line. WHAT WAS EMPLOYEE DDING WHEN INJURED? On the line, facing protestors - CDT NAME THE OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE. Unknown DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. Chest and arms WAS THERE ANY DISMEMBERMENT, DISPIGUREMENT, OR OTHER PERMANENT DISABILITY? IF SO, E NO NAME OF WITNESS, (ASSIGNMENT, DSN - IF APPLICABLE) Sgt. Joseph Carreterd, DSN 4343/302 DOES WITNESS CONCUR WITH THE INJURED EMPLOYEES STATEMENT? (IF NO. USE CONTINUATION YES) NO NAME AND ADDRESS OF ATTENDING PHYSICIAN NAME OF SUPERVISOR COMPLETING REPORT		ASSIGN DSN 302 0824	Employee Refused Treatment							
DATE OF INJURY (NO STREET, CITY, STATE) 109-15-17 Tucker & Clark HOW DID INJURY OCCUR? DESCRIBE FULLY (ATTACH CONTINUATION SHEET IF NEEDED) Only ellow four lines of text. Officer was struck with a gatorade bottle filled with an unknown clear liquid irritant. Officer felt a burning sensation on the skin of his chest and arms. Once the situation was under control. Officer was hosed off by the Fire Dept. and returned to duty and the CDT South Patrol line. WHAT WAS EMPLOYEE DDING WHEN INJURED? On the line, facing protestors - CDT NAME THE OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE. Unknown DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. Chest and arms WAS THERE ANY DISMEMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILITY? IF SO. E NO NAME OF WITNESS, (ASSIGNMENT, DSN - IF APPLICABLE) POSS WITNESS CONCUR WITH THE INJURED EMPLOYEES STATEMENT? (IF NO. USE CONTINUATION TO THE SECOND NO. USE CONTINUATION	INJURED EMPLOYEES' DISTRICT/DIVISION ADDRESS AND TELEPHONE NO. YES N									
O9-15-17 Tucker & Clark How did injury occur? describe fully (attach continuation sheet if needed) Only allow four lines of text. Officer was struck with a gatorade bottle filled with an unknown clear liquid irritant. Officer felt a burning sensation on the skin of his chest and arms. Once the situation was under control. Officer was hosed off by the Fire Dept. and returned to duty and the CDT South Patrol line. WHAT WAS EMPLOYEE DDING WHEN INJURED? On the line, facing protestors - CDT NAME THE OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE. Unknown DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. Chest and arms WAS THERE ANY DISMEMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILITY? IF SO. E NO NAME OF WITNESS, (ASSIGNMENT, DSN - IF APPLICABLE) Sgt. Joseph Carreterd, DSN 4343/302 DOES WITNESS CONCUR WITH THE INJURED EMPLOYEES STATEMENT? (IF NO. USE CONTINUATION YES NO NO NAME AND ADDRESS OF ATTENDING PHYSICIAN NAME AND ADDRESS OF ATTENDING PHYSICIAN NAME AND ADDRESS OF ATTENDING PHYSICIAN NAME AND SUPERVISOR COMPLETING REPORT	3157 Sublette Avenue St. Louis, MO 63139 314-444-0100 Second District									
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NAME THE OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE. Unknown DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. Chest and arms WAS THERE ANY DISMEMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILITY? IF SO, E NO NAME OF WITNESS, (ASSIGNMENT, DSN - IF APPLICABLE) Sgt. Joseph Carretero, DSN 4343/302 DOES WITNESS CONCUR WITH THE INJURED EMPLOYEES STATEMENT? (IF NO. USE CONTINUATION YES NO NAME AND ADDRESS OF ATTENDING PHYSICIAN NAME AND ADDRESS OF ATTENDING PHYSICIAN NAME AND NAME AND SUPERVISOR COMPLETING REPORT	A.M. 1800 P.M.	NO -	⁻ 0900							
Officer was struck with a gatorade bottle filled with an unknown clear liquid irritant. Officer felt a burning sensation on the skin of his chest and arms. Once the situation was under control. Officer was hosed off by the Fire Dept. and returned to duty and the CDT South Patrol line. WHAT WAS EMPLOYEE DDING WHEN INJURED? On the line, facing protestors - CDT NAME THE OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE. Unknown DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. Chest and arms WAS THERE ANY DISMEMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILITY? IF SO. E NO NAME OF WITNESS, (ASSIGNMENT, DSN - IF APPLICABLE) Sgt. Joseph Carreterd, DSN 4343/302 DOES WITNESS CONCUR WITH THE INJURED EMPLOYEES STATEMENT? (IF NO. USE CONTINUATION YES NO NAME AND ADDRESS OF ATTENDING PHYSICIAN NAME AND ADDRESS OF ATTENDING PHYSICIAN NAME OF SUPERVISOR COMPLETING REPORT	1800 P.M.		YES NO							
WHAT WAS EMPLOYEE DDING WHEN INJURED? On the line, facing protestors - CDT NAME THE OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE. Unknown DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. Chest and arms WAS THERE ANY DISMEMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILITY? IF SO, E NO NAME OF WITNESS, (ASSIGNMENT, DSN - IF APPLICABLE) Sgt. Joseph Carretero, DSN 4343/302 DOES WITNESS CONCUR WITH THE INJURED EMPLOYEES STATEMENT? (IF NO. USE CONTINUATION YES NO NAME AND ADDRESS OF ATTENDING PHYSICIAN NAME AND ADDRESS OF ATTENDING PHYSICIAN NAME AND NAME OF SUPERVISOR COMPLETING REPORT	Seat Belts Used Vest Worn? Other Safety Eq	•								
DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. Chest and arms WAS THERE ANY DISMEMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILITY? IF SO, E NO NAME OF WITNESS, (ASSIGNMENT, DSN – IF APPLICABLE) Sgt. Joseph Carreterd, DSN 4343/302 DOES WITNESS CONCUR WITH THE INJURED EMPLOYEES STATEMENT? (IF NO. USE CONTINUATION YES NO NAME AND ADDRESS OF ATTENDING PHYSICIAN NAME AND SUPERVISOR COMPLETING REPORT	T spoon, vypo.									
No NAME OF WITNESS, (ASSIGNMENT, DSN - IF APPLICABLE) Sgt. Joseph Carreterd, DSN 4343/302 DOES WITNESS CONCUR WITH THE INJURED EMPLOYEES STATEMENT? (IF NO. USE CONTINUATION YES NO NAME AND ADDRESS OF ATTENDING PHYSICIAN NAME AND ADDRESS OF ATTENDING PHYSICIAN NAME AND NAME AND NAME AND NAME AND NAME AND NAME OF SUPERVISOR COMPLETING REPORT										
Sgt. Joseph Carretero, DSN 4343/302 3157 Su 314-444 DOES WITNESS CONCUR WITH THE INJURED EMPLOYEES STATEMENT? (IF NO. USE CONTINUATION YES NO NAME AND ADDRESS OF ATTENDING PHYSICIAN NAME AND EMS on the scene N/A NAME OF SUPERVISOR COMPLETING REPORT	XPLAIN.									
YES NO NAME AND ADDRESS OF ATTENDING PHYSICIAN NAME AND NAME AND NAME AND NAME OF SUPERVISOR COMPLETING REPORT		St. Louis, MO 6	53139							
EMS on the scene N/A NAME OF SUPERVISOR COMPLETING REPORT										
NAME OF SUPERVISOR COMPLETING REPORT	ADDRESS OF HOSPIT	AL								
Sgt. Joseph Carretero RANK	SGT	DSN	4343							
WORK NOT WORK ASSIGN		DATE								

Case: 4: Mictro for PAN POLICE DEPLOY FINENTS / 2011 Page D #: EMPLOYEE INJURY REPORT SEP 2 1 2017

CHECKLIST:								
BarnesCare telephone (on-duty physician <u>imn</u> 4:30 p.m. – 8:00 a.m.)	nediately contacted by		Outlook Messag and forwarded t Director, Human	o Benefits Offic	me of inju e and the	ĽΣ	
COMPLAINT NUI	MBER (WITH POLICE IN	(CIDENT REPORT)		→	# 17-04558	39		
INJURY NUMBER INCIDENT REPORT)	R ASSIGNED BY COMM.	AND POST (WITH OR WITHO	UT A POLICE	→	# 17-90023	38		
NAME OF INJURED EMP	LOYEE				ASSIGN. DSI 302 114	Ref	loyee used tment	
INJURED EMPLOYEES	DISTRICT/DIVISION ADDRE	SS AND TELEPHONE ND			· · · · · · · · · · · · · · · · · · ·	YES	NO	
3157 Sublette Av	enue St. Louis, M	O 63139 314-444-010	0 Second D	District			\boxtimes	
DATE OF INJURY	4)	PLACE OF INJURY IO STREET, CITY, STATE)		TIME OF INJURY	WAS EMPLOYEE EXCUSED FROM DUTY? (IF YES,TIME	EMPL BEGAN ON DA	ME OYEE I WORK NTE OF URY	
09-15-17	Tucker & Spruce			A.M. P.M.	NO	09	00	
HDW DID INJURY OCCU	R? DESCRIBE FULLY (ATT	ACH CONTINUATION SHEET IF N	EEDED) Only			YES	NO	
Officer was struck with a water bottle filled with an unknown clear liquid irritant. Officer felt a burning sensation on the skin of his right arm. Once the situation was under control. Officer was hosed off by the Fire Dept. and returned to duty and the CDT South Patrol line. Seat Belts Used? Vest Wom? Other Safety Equip. Used? Specify Type: CDT Equipment								
	g protestors - CDT							
NAME THE OBJECT OR Unknown	SUBSTANCE WHICH DIREC	TLY INJURED THE EMPLOYEE.						
DESCRIBE THE INJURY Right arm	OR ILLNESS IN DETAIL AN	DINDICATE THE PART OF THE B	ODY AFFECTED				,	
WAS THERE ANY DISMI	EMBERMENT, DISFIGUREM	ENT, OR OTHER PERMANENT DI	SABILITY? IF SD, E	XPLAIN.				
Sgt. Joseph Carr	etero, DSN 4343/30		3157 Snb 314-444-(St. Louis, MO			
YES 🖂	NO	LOTEESSIATEMENTY (IF NO.)	JSE CONTINUATIO	N SHEET FOR SIA!	EMERT, II NELOCE	′′		
	F ATTENDING PHYSICIAN			DDRESS OF HOSPIT	AL			
EMS on the sco	ene		N/A					
NAME OF SUPERVISOR	COMPLETING REPORT				 -			
Sgt. Joseph Carr	retero	· · · · · · · · · · · · · · · · · · ·	RANK	SGT		osn <u>434</u>	3	
WORK RELATED		NOT WORK RELATED	ASSIGN.		D _i	ATE		
	_		ZIOTO DMMANDERE SIC	MATURE		14 9 DSN	//2// DATE	

Case: 4:1 METRO FOR NOOL HOLD PARTIMENT / 2017 PROST 2 LOUIS PageID #: EMPLOYEE IN TURY REPORT

CHECKLIST:							
BarnesCare (4:30 p.m	on-duty physician <u>immediately</u> contacted by telephone 8:00 a.m.)		Outlook Messag and forwarded to Director, Human	o Benefits	Office a		
COMPLAINT NU	MBER (WITH POLICE INCIDENT REPORT)		>	# 17-0	45994		
INJURY NUMBE	RASSIGNED BY COMMAND POST (WITH OR WITHOUT A P	OLICE		# 170	900239		
NAME OF INJURED EM	LOYEE			ASSIGN. 6531	DSN 303	Emplo Refu Treati	sed
INJURED EMPLOYEES	DISTRICT/DIVISION ADDRESS AND TELEPHONE NO.				,	YES	NO
		. <u>.</u>					
- DATE OF INJURY	PLACE OF INJURY (NO. STREET, CITY, STATE)	-	TIME OF INJURY	WAS EMPLO EXCUSED FI DUTY? (IF Y	ROM	TIM EMPLO BEGAN ON DAT INJU	DYEE WORK TE OF
09/17/17	N. Tucker & Locust	A.M. 10:00 P.M.	No)	12:	00	
HOW DID INJURY OCCI allow four lines of text.	R? DESCRIBE FULLY (ATTACH CONTINUATION SHEET IF NEEDED)	Only				YES	NO
area and twisted	was stepping off a bus to deploy for civil unres his left knee on some uneven ground.	Seat Belts Used Vest Worn? Other Safety Ed Specify Type:	quip. Used				
WHAT WAS EMPLOYED Stepping off bus	DOING WHEN INJURED?				- : **		
						··· •• · · · · · · · · · · · · · · · ·	
NAME THE OBJECT OF Uneven ground	SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE,						
Pain and poppin	OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AF in his left knee	FECTEO.				-	
WAS THERE ANY DISM Unknown	MBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILIT	Y? IF SO, EX	PLAIN.				
NAME OF WITNESS, (A	SSIGNMENT, DSN – IF APPLICABLE)		RESS AND PHONE N				
DOES WITNESS CONC	JR WITH THE INJURED EMPLOYEES STATEMENT? (IF NO, USE COI NO	NTINUATION	SHEET FOR STATE	MENT, IF NE	EDED)		
NAME AND ADDRESS	F ATTENDING PHYSICIAN	NAME AND	ADDRESS OF HOSP	ITAL			
			_		<u> </u>		
Daniel Chitwood	COMPLETING REPORT						
Daniel Chiew do		RANK	Lieutenant		DSN	3677	
WORK RELATED	NOT WORK RELATED	ASSIGN.	600		DATE	9/18/	<u>′17</u>
	СОММА	NDER'S SI	GNATURE		DSN		DATE

Case: 4:1 METROPOLITAN POLITCE DEPARTMENT/29CITY POESTS LOUIS PSEED # 2017 EMPLOYEE INTURY REPORT

CHECKLIST: -	H-											
BarnesCare (4:30 p.m. –	on-duty physicia - 8:00 a.m.)	n <u>immediat</u>	ely contacted	by telephone		Outlook Messa and forwarded Director, Huma	to Bene	fits Office a				
COMPLAINT NU	MBER (WITH PO	LICE INCIDE	ENT REPORT)			>	# 17	7-045994				
INJURY NUMBER	R ASSIGNED BY	COMMAND	POST (WITH O	R WITHOUT A F	POLICE		# 17	70900239	!			
NAME OF INJURED EMI	PLOYEE						ASSIGN 6531	. DSN 303	Empl Refu Treat	ised		
INJURED EMPLOYEES'	DISTRICT/DIVISION	ADDRESS AN	ID TELEPHONE N	NO.		-	·	•	YES	NO		
									\boxtimes			
DATE OF INJURY			ACE OF INJURY TREET, CITY, STA			TÎME OF ÎNJURY	WAS EMI EXCUSE DUTY? (I		TIME EMPLOYEE BEGAN WORK ON DATE OF INJURY			
09/17/17	N. Tucker &	Locust				10:00 A.M.		No	12:	:00		
HOW DID INJURY OCCU allow four lines of text.	JR? DESCRIBE FUL	LY (ATTACH (CONTINUATION	SHEET IF NEEDED) Only				YES	NO		
area and twisted	was stepping off a bus to deploy for civil unrest in the area and twisted his left knee on some uneven ground.					Seat Belts Use Vest Wom? Other Safety E Specify Type:	quip. Us					
WHAT WAS EMPLOYEE Stepping off bus		RED?										
NAME THE OBJECT OR Uneven ground	SUBSTANCE WHIC	H DIRECTLY I	NJURED THE EM	MPLOYEE.								
DESCRIBE THE INJURY Pain and poppin	• • • • • • • • • • • • • • • • • • • •		ICATE THE PART	OF THE BODY A	FECTED							
WAS THERE ANY DISM Unknown	EMBERMENT, DISFI	GUREMENT,	DR OTHER PERM	MANENT DISABILI	TY? IF SO, EX	PLAIN.						
NAME OF WITNESS, (A		IF APPLICABI	LE)			RESS AND PHONE I						
DOES WITNESS CONC		RED EMPLOYE	ES STATEMENT	? (IF No, USE CO				NEEDED)		···········		
YES 🛛	NO []				<u> </u>						
NAME AND ADDRESS O	OF ATTENDING PHY	SICIAN			NAME AND	AODRESS OF HOS	PITAL					
NAME OF SUPERVISOR	R COMPLETING REP	PORT					<u> </u>					
Daniel Chitwood	i 				RANK	Lieutenant		DSN	3677	7		
WORK RELATED			NOT WORK RELATED	<u> </u>	ASSIGN.	600		DATE	9/18	/17		
				<u>it</u>	Danu	el Chitic	D	3677	9/1	8/त		
				СОММ	ANDER'S SI	GNATURE		DSN		DATE		

Case: 4:17-cy-03455-CDP, POCICE DEPARTMENT - CITY OF ST. LOUIS POPP 2 2 2017 EMPLOYEE INJURY REPORT

CHECKLIST									
	e on-duty physician <u>immediately</u> contacted by 4:30 p m. – 8:00 a.m.)	\boxtimes	Outlook Messag and forwarded t Director, Human	o Benefit	s Office a	of injurand the	īΧ		
COMPLAINT NUI	MBER (WITH POLICE INCIDENT REPORT)			# 17-	045977				
INJURY NUMBER	RASSIGNED BY COMMAND POST (WITH OR WITHOUT)	A POLICE	-	# 17-	90 0242				
NAME OF INJURED EMP	PLOYEE			assign 446	DSN 6318	Empk Refu Treeti	sed		
INJURED EMPLOYEES"	DISTRICT/DIVISION ADDRESS AND TELEPHONE NO					YES	NO		
Division 446, 191	5 Olive St. Louis Mo 63103 314-444-5530								
DATE OF INJURY (NO STREET CITY, STATE) PLACE OF INJURY (NO STREET CITY, STATE) TIME OF INJURY EXCUSED FROM 10 TO THE OF INJURY OUTLY (IF YE							TIME EMPLOYEE BEGAN WORK ON DATE OF INJURY		
8/17/17 14 th and Pine/1401 Pine, St. Louis Mo. 63111 A M No							PM		
HOW DID INJURY OCCL allow four lines of text.	IR? DESCRIBE FULLY (ATTACH CONTINUATION SHEET IF NEED	ED) Only				YES	ио		
The employee was attempting to arrest a suspect by placing hands on the suspect. The suspect resisted causing both the employee and suspect to fall to the pavement. This caused a contusion/open wound to the employee's right elbow. Seat Belts Used? Vest Worn? Other Safety Equip. Used? Specify Type. N/A									
WHAT WAS EMPLOYEE	DDING WHEN INJURED?								
The employee wa	as affecting an arrest.								
	SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE long with an unspecified chemical directly inju	ired the off	icer.						
	or illness in detail and indicate the part of the body red a contusion/open wound to his right elbow								
WAS THERE ANY OISM	EMBERMENT, DISFIGUREMENT, OR DTHER PERMANENT DISAB	ILITY? IF SO, EX	KPLAIN						
NAME OF WITNESS, (A	SSIGNMENT, DSN IF APPLICABLE)	HOME ADDR	ESS AND PHONE N	JMBER					
Sgt Darnell Dan	dridge 4207	1915 Oliv	ve, Saint Louis	Mo. 631	03 314-	444-57	147		
	UR WITH THE INJURED EMPLOYEES STATEMENT? (IF ND, USE	CONTINUATION	SHEET FOR STATE	MENT, IF NE	EDED)				
YES X	NO U	T NAME OND	DDRESS OF HOSPI	TAI					
Morrissey, Siobl		Barnesca	re, 5000 Mano	hester, S	Saint Lo	uis M	O.		
	COMPLETING REPORT	63110							
Sgt. Dandridge		1	Course			4207	ŧ		
		RANK	Sergeant						
WORK RELATED	NOT WORK RELATED	ASSIGN	446		DATE	9/19	/17		
	47	PALIE	(/ Holan		1681	9/	9/17		
	COM	MANDER'S SIG	NATURE		D\$N		DATE		

Case: 4:1METROPOLITAN POLICEDEPARTMENTS/2011Y OF ST. 1204 154 P32 P1 1 2017 EMPLOYEE IN STRY REPORT

CHECKLIST:										}
	on-duty phy: 4:30 p.m. – 8		tely contacted by	! 		Outlook Messa and forwarded Director, Huma	to Benefi	its Office a	of inju ind the	īΣ
COMPLAINT NUM	MBER (WITH	POLICE INCIDE	ENT REPORT)			->	# 17	-045977		
INJURY NUMBER INCIDENT REPORT)	R ASSIGNED !	BY COMMAND F	POST (WITH OR W	MTTHOUT A P	Orice	→	# 17	-090024(>	
NAME OF INJURED EMP	PLOYEE						ASSIGN.	DSN 4897	Empl Refu Treat	sed
INJURED EMPLOYEES'	DISTRICT/DIVIS	ION ADDRESS AN	D TELEPHONE NO.		 		301	1 4027	YES	NO
3157 Sublette, St.	. Louis MO	63139 314-4	44-0100							×
DATE OF INJURY	-	•	ACE OF INJURY TREET, CITY, STATE		;	TÍME OF ÍNJÚRY	EXCUSED	PLOYEE FROM YES,TIME)	TIN EMPLO BEGAN ON DA' INJU	OYEE WORK TE OF
09/17/17 Olive / 13 th						9:31 P.M.	0:	547	12	00
HOW DID INJURY OCCUR? DESCRIBE FULLY (ATTACH CONTINUATION SHEET IF NEEDED) Only allow four lines of text.									YES	NO
experience chest pain and shortness of breath.						Seat Belts Use Vest Worn? Other Safety E Specify Type:	quip. Use	ed? quipment		
4	WHAT WAS EMPLOYEE DOING WHEN INJURED? Marching at "double time" to a CDT deployment									
			<u> </u>							
NAME THE OBJECT OR Strennous activit										
DESCRIBE THE INJURY			CATE THE PART OF	THE BODY AF	FECTED.	<u> </u>				
Chest pain and s	nortness of	breath								
WAS THERE ANY DISM	EMBERMENT, D	ISFIGUREMENT,	OR OTHER PERMAN	VENT DISABILIT	Y7 IF 80, E)	PLAIN.				
NAME OF WITNESS, (AS	SSIGNMENT, DS	n – if applicabl		- 1	HOME ADDR	ESS AND PHONE N	UMBER			
										2
DOES WITNESS CONCL		JURED EMPLOYE	ES STATEMENT? (I	IF ND, USE CO	NTINUATION	SHEET FOR STATE	EMENT, IF I	VEEDED)		
YES NAME AND ADDRESS O	NO OF ATTENDING (PHYSICIAN			NAME AND A	DDRESS OF HOSPI	ITAL			
Dr. Ghady Ali R						ewish Hospita				
NAME OF SUPERVISOR	COMPLETING	REPORT	 							
Sgt. Charles Wa	11				RANK	Sergeant		D\$N	_6956	ś
WORK RELATED			NOTWORK		ASSIGN,	306	· -	DATE	9/18	/17
RELATED		<u> </u>	RELATED		<u></u>					
				0014111	IDENIA AT					
L				LOMMA	NDER'S SIG	MATUKE		DSN		DATE

Case: 4:17 METRAFOCPPAN POLITICE DEPARTIMENT 29/11 Y POR STRUMENT SEMPLOYEE INJURY REPORT

CHECKLIST:						
	e on-duty phys – 8:00 a.m.)	ician <u>immediately</u> contacted by tel	ephone		ge prepared <u>at time</u> to Benefits Office a n Resources	
COMPLAINT N	JMBER (WITH	POLICE INCIDENT REPORT)			# 17-045653	
INJURY NUMBE		BY COMMAND POST (WITH OR WIT	HOUT A POLICE		# 17-900268	
NAME OF INJURED EN	MPLOYEE			→	ASSIGN DSN 304 3231	Employee Refused Treatment
INJURED EMPLOYEES	S' DISTRICT/DIVIS	ION ADDRESS AND TELEPHONE NO.			•	YES NO
919 N. Jefferson	1					
	T	PLACE OF INJURY		─	WAS EMPLOYEE	TIME EMPLOYEE
DATE OF INJURY		(NO STREET, CITY, STATE)		TIME OF INJURY	EXCUSED FROM DUTY? (IF YES,TIME)	BEGAN WORK ON DATE OF INJURY
09/15/17	Kingshigh	way & Waterman		22:17 P.M.	No	0900
HOW DID INJURY OCC	CUR? DESCRIBE	FULLY (ATTACH CONTINUATION SHEET	IF NEEDED) Only			YES NO
frozen water bo		uck in the head/helmet by a f by a protester.	ull plastic	Seat Belts Used Vest Worn? Other Safety Ed Specify Type:	quip. Used?	
NAME THE OBJECT OF Full plastic froz	R SUBSTANCE W	pervising a CDT line formation which directly injured the employing the matter than the employing th		est.		
		DETAIL AND INDICATE THE PART OF THE PART O	E BODY AFFECTED.			44000
WAS THERE ANY DIS Unknown	MEMBERMENT. C	DISFIGUREMENT, OR OTHER PERMANEN	T DISABILITY? IF SO, E	XPLAIN.		
NAME OF WITNESS. (Lt. Daniel Chit		SN - IF APPLICABLE)		DRESS AND PHONE I live Street; 444		
DOES WITNESS CON	CUR WITH THE IN	JURED EMPLOYEES STATEMENT? (IF N	IO, USE CONTINUATIO	N SHEET FOR STATE	MENT, IF NEEDED)	
NAME AND ADDRESS		PHYSICIAN	NAME AN	D ADDRESS OF HOS	PITAL	
N/A						
NAME OF SUPERVISO	OR COMPLETING	REPORT				
Daniel Chitwoo	od		RANK	Lieutenant	DSN	3677
WORK RELATED		NOT WORK RELATED	ASSIGN.	600	DATE	10/17/17
		I	<u> </u>			
			COMMANDER'S	SIGNATURE	DSN	DATE

Case: 4: METROPOLFIAN POCICE DEPARTIMENTS COMP. 20013 CONTROL CONTROL

CHECKLIST:				00	T 04	201	7		
BarnesCare on-duty p telephone (4:30 p.m	hysician <u>immediately</u> contacted by - 8:00 a.m.)	\boxtimes	Outlook Messag and forwarded t Director, Human	o Benefits	Office a	of inju	Υ		
COMPLAINT NUMBER (W	ITH POLICE INCIDENT REPORT)			#					
INJURY NUMBER ASSIGNE INCIDENT REPORT)	ED BY COMMAND POST (WITH OR WITHOUT	A POLICE		# 1709	900252				
NAME OF INJURED EMPLOYEE				ASSIGN 301	DSN 7050	Emple Refu Treet	sed		
INJURED EMPLOYEES' DISTRICT/DI	VISION ADDRESS AND TELEPHONE NO					YES	NO		
3157 Sublette St. Louis, N	IO 63139 / (314) 444-0100					\boxtimes			
DATE OF INJURY	PLACE OF INJURY (NO STREET, CITY, STATE)		TIME OF INJURY	WAS EMPLO EXCUSED FF DUTY? (IF YE	ROM	EMPLO BEGAN ON DA INJU	YEE WORK IE OF		
St. Lou	Jefferson - Central Patrol Division is, MO 63106		1900 P.M.	NC)	16	00		
HOW DID INJURY OCCUR? DESCRI	BE FULLY (ATTACH CONTINUATION SHEET IF NEE	DED) Only				YE\$	МО		
stated that as he was loading onto the Metro bus, dressed in all of his department-issued CDT equipment, when he felt pain in his lower left rib/back. Seat Belts Used? Vest Wom? Other Safety Equip. Used? Specify Type:									
WHAT WAS EMPLOYEE DOING WH Boarding Metro bus to he	EN INJURED? e deployed into civil unrest area in d	owntown St.	Louis (near/ar	ound Bu	sch Sta	dium)			
	e which directly injured the employee of what caused the pian in his lower	r left rib/bac	k area.		•				
is complainin complains that t	S IN DETAIL AND INDICATE THE PART OF THE BOO ng of pain and soreness to his lower I he pain has become more intense and T, DISFIGUREMENT, OR OTHER PERMANENT DISA	eft rib toward the area m	ore sensitive to		ay spar	ı, PO			
NAME OF WITNESS, (ASSIGNMENT N/A	, DSN – IF APPLICABLE)		RESS AND PHONE N blette St. Louis		.39				
	E INJURED EMPLOYEES STATEMENT? (IF NO, US			MENT, IF NE	EOED)				
YES NO NAME AND ADDRESS OF ATTENDI	NG PHYSICIAN	NAME AND	ADORESS OF HOSPI	TAI					
N/A	MOT MEIGHA	N/A	ADDRESS OF TOST	1712					
NAME OF SUPERVISOR COMPLETING REPORT									
Sgt. Scott Valentine, 549	7/608	RANK	Sergeant		DSN	5497	<u>, </u>		
WORK RELATED	NOT WORK RELATED	ASSIGN.	608		DATE	10/3	/17		
	COMMANDER'S SIGNATURE DSN DATE								